NURSING PERSONNEL AND PATIENTS' PERCEPTIONS OF NURSING FUNCTIONS CONTRIBUTING TO PATIENT COMFORT

by

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CHAPTER I

INTRODUCTION

Implicit in the interpersonal concept of mental illness is the assumption that the symptomatology of the patient is due to emotional difficulties in living. These difficulties arise from his interrelationships with his environment and the important people in it.[1-2] From this it follows that during a period of hospitalization as at other times the patient's symptomatology can either be influenced, interrupted, or modified by what transpires in his interpersonal environment.

If the patient's progress towards mental health is to be favorably influenced, an environment which provides for his immediate needs and which contributes to his comfort and security must be created.[3] Since his symptomatology is due to failure in his ability to relate successfully with others, the hospital environment should also

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[1]Frieda Fromm Reichmann, Principles of Intensive Psychotherapy (Chicago: The University of Chicago Press, 1950), p. xi-xiv.

[2]Harry Stack Sullivan, Conceptions of Modern Psychiatry (Washington D.C.: The William Alanson White Psychiatric Foundation, 1947), pp. 4-5.

[3]Martha Montgomery Brown, and Grace R. Fowler, Psychodynamic Nursing (Philadelphia: W. B. Saunders Co., 1954), pp. 79-81.

provide him with opportunity to experience success in his interpersonal relationships with the nursing personnel.

I. STATEMENT OF THE PROBLEM

A review of the literature and preliminary observations made in various psychiatric settings has indicated the value inherent in the nurse's ability to determine correctly the specific and essential requirements of the individual patient. These findings have also emphasized the significant contribution that can be made by the patient's immediate environment to his feelings of security and comfort when his needs are recognized, understood, and satisfied.

The purpose of this study was to investigate patients' and nursing personnel's perception of nursing functions, which they felt contributed to patient comfort, by use of a Q-sort developed by Dr. J. Frank Whiting for the American Nurses' Foundation. It was hoped that the study might supply answers to two basic questions. First, what nursing functions do patients and nursing personnel identify as making the most important contributions to the patient's comfort? Second, which of the broad areas of nurse-patient interaction; (1) physical care, (2) supportive emotional care, (3) patient education, or (4) liaison between patient and others, do the patients and personnel

feel is the most significant in this particular hospital setting?[4]

II. HYPOTHESES

An additional purpose of this study was to determine whether there would be any significant difference in the amount of emphasis attached to the individual nursing functions, or to the categories of nursing functions, by the patients as compared to the nursing personnel. In order to examine the degree of difference the following two hypotheses were formulated and will be tested by statistical procedures.

1. There will not be any significant statistical difference in the way the nursing personnel and the patients perceive the nursing functions contained in the Q-sort, in terms of their contributions to the patient's comfort.

2. There will not be any measurable difference in the significance attached to any of the categories of nursing functions as stated in this study by the patients as a group, in contrast to the nursing personnel as a group.

III. IMPORTANCE OF THE STUDY

The importance of providing the psychiatric patient

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[4]J. Frank Whiting and others, "The Nurse-Patient Relationship and The Healing Process," (New York: A Progress Report to the American Nurses Associations, Inc., 1958), p. 31. (Mimeographed.)

with an environment which is especially designed to meet his emotional needs is a matter that is generally accepted. Such an environment, by its comfort, allows the patient to utilize his maximum energy in efforts toward mental health.

When the treatment of the patient takes place within the structure of the hospital unit, the job of creating and maintaining this therapeutic milieu is primarily the function of the nursing service personnel.[5] The ability of the nursing personnel to function effectively in creating and maintaining a therapeutic environment is influenced by many factors. Two of these factors have been given consideration in this study. First, it is influenced by the nurse's ability to identify the needs of the patient and the importance which she attaches to the needs as they are presented in this experience. Secondly, it is influenced by the willingness and skill with which she performs those functions that will satisfy the presented need.

The needs with which this study has been most concerned are those immediate needs that can be met by all nursing personnel through their functions. "...An immediate need, similar to other needs in our culture, is satisfied primarily through interaction with another person or a group

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[5]Marion Kalkman, "What The Psychiatric Nurse Should Be Educated To Do," Psychiatric Quarterly. Supplement 1:93, 1952.

of persons..."[6] Satisfaction of immediate needs contributes significantly to the patient's comfort and security, and facilitates his progress towards health. "...Although the patient's immediate needs may not appear to be an end in themselves, they do constitute a step in achieving a greater goal, that of recovery..."[7]

Nursing care that can adequately create a therapeutic environment, such as the one mentioned above, is based upon the assumption that nursing service personnel can accurately assess and willingly meet the needs of patients. Because of the pertinence of this assumption to the quality of patient care, it should be carefully evaluated and supported by reliable research findings before it is accepted as a valid assumption.

The second question considered in this study appeared to be one of primary importance. In recent years there has been a shift in the emphasis of patient care from one which emphasized the physical needs of the patient to one that also includes his emotional and social needs.

As a result of this shift the nurse has been called upon to fulfill many different and conflicting roles. The findings of various researchers and the opinions of

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[6]Brown, op. cit., p. 129.

[7]Ibid. p. 142.

authorities are not always in agreement as to which role she should assume. Some authorities still feel that physical care is basic to all nursing. Others lay stress on the satisfaction of emotional needs.[8]

Because of the lack of agreement it would seem to be important to determine what the participants in nurse-patient relationships in a specific setting feel is significant for them.

IV. DEFINITIONS OF TERMS USED

Nursing service personnel. In this study the terms "nurse" or "nursing personnel" are used interchangeably, and refer to all personnel on the psychiatric unit who are engaged in interpersonal activities with patients and who are responsible for giving direct care. When and if it becomes necessary to refer specifically to professionally prepared nurses, they will be referred to as registered nurses.

Nursing care functions. Any function which is performed directly for or in behalf of the patient, and which contributes to his well being and feeling of comfort and security, is designated as a nursing care function.

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[8] J. Frank Whiting, "Q-Sort: A Technique for Evaluating Perception of Interpersonal Relationships," Nursing Research, 4: 70, October, 1955.

The specific functions used in the investigative research reported in this thesis were the one hundred "true" and "important" nursing functions contained in the Q-sort, the instrument utilized in this study. A complete list of these functions may be found in the Appendix of this thesis.

Categories of nursing functions.[9] In order to understand the varying emphases which is put upon different general aspects of the nurse-patient relationship the one hundred individual items in the Q-sort were classified in the following general content areas.

(1) Liaison - This category refers to interpersonal and communicative activities that are carried out between the nurse and the doctor, or the nurse and other hospital staff members or departments, concerned with the care and treatment of the individual patient. It includes giving and/or receiving information that contributes to the comfort and security of the patient.

(2) Physical Care - This category refers to all nursing functions directed toward meeting the physical and biological needs of the patient.

(3) Supportive Emotional Care - This includes functions performed by the nursing personnel that offer support

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[9] J. Frank Whiting and others, "The Nurse-Patient Relationship and The Healing Process," (New York: A Progress Report to the American Nurses Associations, Inc., 1958), p. 31. (Mimeographed.)

to the individual patient by meeting his psychological needs.

(4) Patient Education - This category includes all activities that are concerned with helping the patient gain knowledge and understanding about his own illness and about health matters in general.

V. DELIMITATIONS

This research was confined to one clinical setting, a sixteen bed psychiatric unit in a private, general hospital. The population studied consisted of twelve patients and twelve nursing personnel. The patient population consisted of eight females and four males ranging from twenty-three to fifty-four years of age. The diagnoses of the patients were as follows; five depressive reactions, three alcoholic depressions, two schizophrenic, and one each with anxiety reaction and conversion reaction. The personnel group was made up of four male and two female attendants all with completed high school educations and four with education beyond, one male attendant having received his B. S. degree in Social work and six registered nurses, two of which had post graduate training in psychiatric nursing.

The discussion and analysis of the findings were based upon the assumptions and observations of only one person, the researcher of this project, and have not been subjected to further examination or validation.

CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature indicated a growing interest in recent years in the utilization of research and investigative study in all branches of nursing practice. A considerable percentage of the studies conducted in the clinical fields were in psychiatric or mental health nursing. Only a brief review of research studies and discussions that are particularly pertinent to this study will be included in this report.

Areas considered are (1) the nurse-patient relationship, (2) the nurse-doctor relationship, and (3) the functions of the psychiatric nurse. These three areas determine, to a large degree, the functions that the nurse performs for or in behalf of the patient. What she does, or is able to do, for the patient's comfort is influenced by her understanding of the patient, of herself, and of her role in the psychiatric setting. Nursing functions are influenced by how skillfully the nurse can interpret and carry out the doctor's orders, and how freely she can communicate with him regarding the needs of the patient. Another factor that influences what the nurse does, is what she is educated to do. This is, in turn, determined by what educators and other authorities agree are the important

functions for the psychiatric nurse.

The nurse-patient relationship. In an article published in 1947, Dr. Szurek made the following observation:

> ...The extent to which personal attitudes affect the patient's emotional state is a matter of general clinical experience, even outside the psychiatric ward or hospital. The deliberate use of the relationship between the patient and nurse by the psychiatrist for therapeutic purposes is probably as old as the art of nursing but its frank acknowledgement as a therapeutic adjunct in psychiatric literature and discussions, and study of its dynamic and relative importance in the treatment of the patient is relatively infrequent.[1]

In the thirteen years since this observation was made demands on nursing have increased both in number and in the challenge they represent. These demands have made research into the complexities of the nurse-patient relationship and factors that influence its quality and character imperative.

One of these demands has been created by an enlightened public. Dr. Whiting, in an introduction to his study on the nurse-patient relationship, indicated how public demand has increased the necessity for greater understanding in this area.

> Our society today demands for its members not only cessation of pain and the alleviation of unhappiness but also the creation of a state of positive, constructive health. The joint attack on the practical

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[1]S. A. Szurek, "Dynamics of Staff Interaction in Hospital Psychiatric Treatment," American Journal of Orthopsychiatry, 17: 652, October, 1947.

> problem facing the health field by social scientists and the health professions is in essence, an attack on the human problem; the problem of understanding now and his relationship with his fellows. Tranqulizers and antibotics alone, are not enough. If these demands are to be met we must understand the people whose professions give them the responsibility for helping them create the state of positive health. We must also understand the people who, with their unique reactions to the experience pass through the various stages of illness into health. Finally we must understand the healing process itself.[2]

New emphasis in nursing such as the current trend towards team nursing, and the philosophy of the patient's participation in his own care, have been cited as other reasons for increased understanding of the nurse-patient relationship. Furthermore, increased awareness of the emotional components of all illness has made nurses aware of the need for added skill in dealing with the feelings of patients.[3]

The nurse-doctor relationship. The nurse-doctor relationship has existed since the combined efforts of doctor and nurse have been directed towards care of the individual patient. Until recently, however, this relationship has not been examined in terms of its effect upon the

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[2]J. Frank Whiting and others, "The Nurse-Patient Relationship and The Healing Process," (New York: A Progress Report to the American Nurses Associations, Inc., 1958), p. 1. (Mimeographed.)

[3]Lewis Bernstein and others, "Teaching Nurse-Patient Relationships, An Experimental Study," Nursing Research, 3: 80, October, 1954.

patient care or its effect upon the job satisfaction of the nurse.

Inasmuch as the doctor and the nurse constitute the core of the treatment team, it would appear that whatever transpires in their relationship would directly affect the patient.

The extent to which these interactions affect patients have now become a matter of general concern. In the past, most of the discussions about this subject have consisted of generalizations made by experts or interested persons in the professions. But lately, a number of research projects have undertaken to study these relationships and their influence.

The findings of one researcher indicated that the ability of the doctor and nurse to serve the patient were impaired by their inability to solve difficulties in their own interpersonal relations. He found that the greatest barriers to their functioning effectively as a team were those of blaming each other for mistakes and a needless adherance to hospital status rituals.[4]

The conclusions arrived at in this study indicated that the patient must become the central focus in any

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[4]Hugh Adams, "The Psychiatrist and the Nurse: A Working Partnership," Mental Hospitals, 10: 7-8, January, 1959.

working partnership between the doctor and the nurse. The ability to work effectively as a team is dependent not so much on the knowledge gained in conference and in study, as it is upon their acceptance of a role emphasizing service to the patient.[5]

Another project studied the attitude of the doctor and the nurse towards the patient and his care.

> "The findings demonstrated differences in the attitude toward the patient and suggested that these differences influenced the kind of interpersonal relationships which members of the two groups had with each other..."[6]

There were, for example, differences in the degree of identification with patients. Doctors tended to identify less with the patient. It was their habit in contacts with patients to remain aloof. Because they assumed total responsibility for the patient, most doctors felt a need to protect themselves from the consequence of personal involvement. The nurses, on the other hand, felt a need to identify with their patients. They felt they would not be able to satisfy the needs of the patient without a warm, intimate feeling towards him. Putting oneself in the patient's place was an aid to better understanding of the patient.[7]

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[5] Ibid., p. 8.

[6] Joan S. Dodge, "Nurse-Doctor Relations and Attitudes Toward The Patient," Nursing Research, 9:32, Winter, 1960.

[7] Ibid., p. 36.

When there is disagreement between the doctor and the nurse in their attitudes toward the patient and his treatment it not only influences the type of interpersonal relationships the doctor and the nurse will experience, it also influences the type of care the patient will receive. Consistency in the attitudes of the personnel towards him is of vital importance to the psychiatric patient for it helps him to learn in his daily contacts with them exactly what he can expect, and it builds into his environment something upon which he can depend.[8]

Psychiatric nursing functions. Study of the literature concerning the functions of the psychiatric nurse brought out two salient facts. First, except in the most general sense, psychiatric nursing has not been defined, but rather it is described in terms of interpersonal relationships with patients and others responsible for patient care. Second, the main deterrents to the nurse's ability to function effectively seem to be her lack of understanding and acceptance of self, her confusion and conflict with her nursing role, and her inability to utilize skills necessary for working with psychiatric patients.

There is no universally accepted agreement as to

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[8]Ruth V. Matheney and Mary Topalis, Psychiatric Nursing (St. Louis: The C. V. Mosby Company, 1957), pp. 73-74.

what constitutes good psychiatric nursing. Some authorities feel that there are four principal areas in which the nurse can effectively function. These general areas are:

1. To create and maintain a therapeutic milieu.
2. To function as a participant observer.
3. To act as a socializing agent.
4. To function as a psychotherapeutic agent.[9-10-11-12-13-14]

One study was recently conducted to determine which category of activity was preferred by nursing personnel. This study, using seven categories of functions, found that nursing personnel rated interpersonal activities as the area they most preferred and also as the one that was most

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[9]Eleanore W. Lewis, "Identifying Some Concepts Nursing Personnel Need to Understand in Relation to the Nature of Therapeutic Function," The League Exchange No. 6, Aspects of Psychiatric Nursing Care, Section A, (New York: National League for Nursing, 1957), p. 33.

[10]Kalkman, op. cit., pp. 93-102.

[11]Frances M. Carter, "The Critical Incident Technique in Identification of the Patient's Perceptions of Therapeutic Patient-Patient Interaction on a Psychiatric Ward," Nursing Research, 8:208, Fall, 1959.

[12]Brown and Fowler, op. cit., passim.

[13]Hildegard Peplau, Principles of Psychiatric Nursing (Vol. II of American Handbook of Psychiatry, ed. Silvano Arieti. 2 vols.; New York: Basic Books, Inc., Publishers, 1960), p. 1840.

[14]Helena Willis Render and M. Olga Weiss, Nurse Patient Relationships in Psychiatry, (New York: McGraw-Hill Book Company, Inc., 1959), pp. 9-10.

important in the care of the patient.[15]

Factors that contribute to the conflict and confusion the nurse has with her role have been identified in one extensive research project sponsored by The American Nurses' Foundation and conducted by Benne and Bennis.[16-17]

As a first step in their project they examined the expectation that determines the character of the nurse's role. They found that there were four categories of expectations; (1) the expectations of the institution in which she works, (2) the expectations of nurse colleagues in the work situation, (3) the expectations of reference groups outside the hospital, and (4) the nurse's self expectations--her own image of what a nurse should be.[18]

The second phase was to examine, within these categories, the principal areas of tension that give rise to conflicts in her nursing role.

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[15]Gloria J. Fischer and Grace W. Leutsch, "Nurses Attitudes Towards Preference For and Importance of Categories of Activities in Psychiatric Nursing Care," Nursing Research, 8: 213, Fall, 1959.

[16]Kenneth D. Benne and Warren Bennis, "Role Confusion in Nursing: The Role of the Professional Nurse," The American Journal of Nursing, 59: 196, February, 1959.

[17]Kenneth D. Benne and Warren Bennis, "Role Confusion and Conflict in Nursing: What is Real Nursing," The American Journal of Nursing, 59: 380, March, 1959.

[18]Benne and Bennis, February, 1959, op. cit., p. 196.

> The first is that the nurse is commonly frustrated by the difference between her image of "real" nursing and the functions she must assume in the actual work situation. Second, the nurse-doctor relationship is often a tension area. And, third, promotion for the nurse frequently means conflict between her desire for higher status and her psychological need to give bedside care.[19]

There were three research studies that appeared to be particularly significant to this thesis which is focused on the perceptions of nursing personnel and patients regarding factors that contribute to patient comfort.

One of the unique aspects of these studies was that they utilized the patient's perceptions in evaluating nursing care. This appears to be a very logical step in research designed to improve patient care, since it is in the final analysis, the patient's response to nursing care that determines its effectiveness. Significantly limited research appeared to be directed at the personal perceptions of the patient regarding his needs, his desires, and his comfort.[20-21-22]

One project of particular interest was the extensive

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[19] Benne and Bennis, March, 1959, op. cit., p. 380.

[20] Whiting, op. cit., pp. 1-7.

[21] Faye G. Abdullah and Eugene Levine, "Developing A Measure of Patient and Personnel Satisfaction With Nursing Care," Nursing Research, 5: 100, February, 1957.

[22] Ernest Dichter, "The Hospital Patient Relationship: What The Patient Really Wants From the Hospital," The Modern Hospital, 83: 51-54, September, 1954.

project directed by Dr. J. Frank Whiting. This study had as its prime objective, the development of an instrument for the study of the nurse, the patient, and their influence on the healing process.[23]

The instrument has been widely tested and used in various settings. However, it has not before been used in a psychiatric setting. The method developed in the Whiting study has been used to examine the perceptions of the patients and personnel in the study reported in this thesis.

Another study that also looked at the interrelations of the patient and nursing personnel was one conducted by Abdullah and Levine. Still another particularly extensive study was conducted by Dr. Ernest Dichter. The focus of Dr. Dichter's study was to determine what the patient "really" wanted from the hospital. Also, what the hospital could and should do to help the patient gain satisfaction and security from his hospital environment. One finding in this project was that the patient's greatest need was to receive security through warm, friendly interpersonal relationships with the significant people in his environment. Much of the patient's behavior that was termed by the personnel irrational and demanding was found to be directly related to patient insecurities. These insecurities arose

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[23]Whiting, op. cit., p. 1.

out of frustrations with feelings of dependency that are new and unacceptable to him. A large amount of the patient's energy is therefore spent in seeking assurance and attempting to protect his mature individuality.[24]

"This study suggests that there is no such thing as too much care. It is the quality rather than the amount of care that the patient is wary of. It is the attitude rather than the procedure."[25]

SUMMARY

From the review of literature it was concluded that the past decade has seen a vast increase in both the amount and the quality of research being conducted in nursing.[26] Even with this increase in research there are many areas that need further exploration.

One of these areas is the clinical setting of the private hospital. The care of patients, which is based upon the needs of patients, should be consistent. However patients who pay for care and who are under the care of private physicians may present different problems to the nurse than would be found in another type of hospital.

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[24]Dichter, op. cit., p. 54.

[25]Ibid.

[26]"Directions Apparent in Nursing Research," Editorial, Nursing Research, 8:187, Fall, 1959.

Another factor that needs further consideration is that of utilizing the patient as a participant in research. Research designed to improve patient care should be based upon his reactions.

It is apparent that research has contributed a great deal to the quality of nursing care and to the morale and job satisfaction of the nurse. But research studies and the opinions expressed in the literature indicated that much more search for methods of improving nursing care at the bedside of the patient is needed.

CHAPTER III

DESIGN

Selection of a research procedure was made after consideration of the use of observation combined with a structured check list on which to record observations, and the critical incident technique. After preliminary observation both methods appeared unsatisfactory for this study due to the inability of one individual to do an adequate sampling by observation, the lack of time necessary to train additional observers, and the problems of making statistical inference using these methods with the limited population of this study. The Q-sort method was finally selected as the method of choice for the problem and situation chosen for investigating in this investigative research. In administering the Q-sort, respondents were asked to sort material placed on cards in accordance with certain instructions relevant to the specific purpose of the research. In this specific study the participants were asked to sort statements of nursing functions into nine piles of greater and less importance.

The Q-sort method was developed primarily as a means of measuring judgments, preference, and perceptions of single individuals or small groups of people, thus making it possible to do research in the clinical setting

where large samples are not available. Therefore, it seemed promising for use in this study.[1-2]

Method.

> In general there are two major problems that the Q-sort is designed to solve: (1) the problems of correlation, or degree of similarity, between different individuals' or different groups' attitudes, expectations, or opinions at a given time; and (2) the degree of change from one time to another.[3]

The first problem was the one pertinent to this study. Using the Q-sort method, comparisons were made of the patients' and nursing personnel's perceptions regarding the nursing functions they considered to be most important in contributing to patient comfort. Comparisons were also made of the significance the two groups attached to the broad areas of the nurse-patient relationships. Not only was the degree to which they agreed or disagreed determined; but it was also possible to determine, from an analysis of the items, what the areas of disagreements were.

When it is used as a forced choice device, the Q-sort offers many psychometric advantages. For one thing,

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[1]William Stephenson, The Study of Behavior (Chicago: The University of Chicago Press, 1956), p. 9.

[2]Jum C. Nunnally, Tests and Measurements (New York: The McGraw-Hill Book Company, 1959), p. 377.

[3]J. Frank Whiting and others, "The Nurse-Patient Relationship and The Healing Process," A Progress Report to the American Nurses' Foundation, (New York: The American Nurses' Foundation, Inc., 1958), p. 16.

it is superior to many methods in its flexibility of use for gaining statistically significant data. Another advantage is that it is more penetrating than the questionnaire, to which each respondent can answer "yes" to all favorable statements and "no" to all unfavorable ones. Still another advantage of this technique, when compared to the interview and observation method, is that it is more amenable to experimental control; thus, its validity and reliability are greatly increased. Finally, the use of the Q-sort is less time consuming to administer; and it permits statistical computation with a minimal amount of labor.[4-5-6]

The Q-method has some disadvantages that should be discussed at this time. First, careless item writing forces the subject to make logically meaningless choices. Second, it is a difficult and complex task to sort one hundred cards into nine piles with a varying number of cards in each pile. And third, there is danger of the writer's opinions entering into the subject's responses. This study

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[4]J. Frank Whiting, "Q-Sort: A Technique for Evaluating Perceptions of Interpersonal Relationships," Nursing Research, 4: 73, October, 1955.

[5]L. J. Crombach, Correlations Between Persons As A Research Tool (Psychotherapy Theory and Research, ed. O. Horbart Mower. New York: The Ronald Press Company, 1953), pp. 378-379.

[6]Jum C. Nunnally, Jr., Tests And Measurements, (New York: McGraw-Hill Book Company, 1959), p. 433.

has attempted to hold the disadvantages to a minimum by using an instrument that was developed and standardized through extensive research, and by using the four step method of sort to reduce the difficulties encountered in making such refined judgments.[7]

Description of the population. This study was conducted on a sixteen bed psychiatric unit of a large private, general hospital. The population studied included both nursing service personnel and patients on the unit. The patient sample consisted of twelve patients, with various psychiatric diagnoses, who were approved as suitable subjects by their psychiatrist. Nursing personnel included six graduate registered nurses, four male attendants and two female attendants involved in interpersonal relationships with the patients; and responsible for giving direct daily care to the patients.

Collecting the data. The instrument selected as most suitable for this study was the Q-sort developed by Dr. J. Frank Whiting under the sponsorship of The American Nurses' Foundation, Inc.[8] Both of these sources were contacted and permission obtained to use the instrument in this study.

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[7] Whiting, op. cit.

[8] For a complete list of the items in the Q-sort used in this study, see Appendix I of this thesis.

Although this particular Q-sort had never been utilized in a psychiatric setting before this study, it was the opinion of its author that it was valid in such a setting. "...the Q-sort calls for a series of fairly complex judgments from the person performing the sort. These judgments are, in our experience, well within the capacity of severe neurotically disturbed patients..."[9]

Following the selection of the instrument, meetings were held with the director of nursing service, with the supervisor in charge of the psychiatric unit, with the head nurse on the unit to be studied, and with the nursing personnel involved in the research, and their permission and cooperation obtained.

Patients were not contacted prior to the administration of the sort, due to the fairly rapid discharge rate. However, each physician admitting patients to the unit was contacted to acquaint him with the study and to obtain permission to use his patients before the research project was begun, and again as each patient was selected. At the time the research was begun, each patient was contacted individually and acquainted with the project.

Each of the subjects, participating in the study, was given a set of one hundred cards containing statements

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[9]Excerpt of a letter written by Dr. Whiting to the author of this thesis.

considered to be true, important, and desirable functions that nursing personnel perform for patients. They were then asked to sort the cards into nine separate piles according to the activities that they felt were the most important and those they felt were the least important contributors to the patient's comfort. In order to circumvent the difficulties of sorting, mentioned previously, the subjects were asked to sort the cards using a four step method developed by Whiting.[10]

Method of tabulating and analyzing the data. After each individual completed the sort, his results were tabulated on an individual tabulating form and later transferred to a group tabulating sheet.

Ranking of the individual items as to the degree of importance was done by a comparisons of the means for each item.

Significant differences between the perceptions of the patients and personnel were determined by calculating the t values for each item and comparing them with a standard t table for levels of significant difference.

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[10] Whiting and others, op. cit., pp. 47-48. (Instructions and directions for sorting were adapted from the above source. Specific instructions given to the subject may be found in Appendix II.)

The correlation coefficient for the sort was calculated by using the following formula:[11]

$$r = 1 - \frac{d^2}{2Ns.d.^2}$$

In this formula (N) refers to the 100 items in the sample, (d) refers to a composite of the squared difference between the patients' mean and personnel's mean, on each individual item, and (s.d.) refers to the standard deviation for this sort. The (s.d.) will be the same for all sorts using this particular distribution.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

This chapter is devoted to a presentation of the patients' and the nursing personnel's response to the statements of nursing care functions. It also gives an empirical analysis of the value they placed on these functions as contributors to the comfort of patients.

In order to facilitate the comparison of this study with other studies using the same instrument, the method of presentation and analysis has, with some slight modifications, been patterned after the method used by Dr. Whiting in his study of the nurse-patient relationship and its effect upon the healing process.[1]

The findings and the analysis of the findings are presented and discussed in two parts. First, the individual nursing functions are presented. These functions are discussed in relation to the order of importance assigned to each item by the patients and the nursing personnel as a total group, and in relation to the differences in the way these functions were perceived by the patients as a group, in contrast to the personnel as a

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[1] J. Frank Whiting and others, "The Nurse-Patient Relationship and The Healing Process," A Progress Report to the American Nurses' Foundation, (New York: The American Nurses' Foundation, Inc., 1958) pp. 61-113.

group. Second, the degree of relative importance attached to the broad areas of the nurse-patient relationship by the combined group are presented. Any significant difference in the way the two groups, patients and nursing personnel, perceived the influence of these areas on the patient's comfort are evaluated.

In sorting the items, the subjects were asked to place the most important function in pile number one and the least important function in pile number nine. Therefore the lower mean values indicate a high degree of relative importance, and the higher mean values indicate a low degree of relative importance. In order to determine the degree of relative importance of each specific function, the mean was calculated on the responses of the patients as a group, and the nursing personnel as a group, to each individual item on the Q-sort. The averages of these two means were then calculated and the mean average used to determine the degree of relative importance that was assigned to the item by the total groups' responses. On the basis of the magnitude of its average mean, each item was assigned a rank number of from one to one hundred, with the most important item given the rank of one and the least important item given the rank of one hundred.

The order of importance was further divided into three levels. Items ranked from one to thirty-three will be designated as having HIGH relative importance. Items

thirty-four to sixty-seven as having MEDIUM relative importance. Items sixty-eight to one-hundred as having LOW relative importance. Whenever two or more items had equal mean values a composite of their mean scores was made and all were given the rank number assigned to the midpoint of the composite sum.

In presenting the data the Q-sort items are listed and examined within the framework of the nurse-patient relationship category that they represent. Each item is listed in order of its relative importance. The rank assigned to each item by the total group's responses, and the comparison of the patients' and personnel's perceptions on each individual item appear to the right of each statement.

The comparisons of perceptions of patients and nursing personnel is based upon a statistical analysis of the means computed from the responses made to each item by the patient group and the personnel group. The following method will be used to indicate statistically significant differences. When the patients perceived the item as being of greater relative importance than the nursing personnel, the symbol used is PT > NP. If the nursing personnel perceived the item as being of more importance than the patients, the symbol is PT < NP. When the two groups agreed or when the differences were not significant, the following symbol is used: PT = NP. The probability level

of the significant difference appears in parentheses beside the symbol. For example, if an item were considered significantly more important by the patients than by the personnel at the .05 level, it is indicated as follows PT > NP (.05).

Consideration of the patients' and nursing personnel's perception of the importance of nursing functions in terms of their contributions to the patient's comfort.

1. LIAISON

A. The Nurse-Patient-Doctor Relationship

The twelve items presented below concern the interaction of the doctor, the nurse, and the patient. It is through the interaction of these primary figures that the hospital can become a therapeutic environment for the patient. Specifically, the doctor, by admitting the patient to the hospital and by his written and verbal orders, assumes much of the responsibility for initiating treatment of the patient. The nurse, who in addition to seeing that these orders are put into effect, further contributes to the therapeutic value of the treatment by observing and communicating to the physician and others involved in the patient's treatment changes in both the patient's emotional and physical condition. The patient whose movement towards mental health is facilitated by these observations and activities constitutes the core of the therapeutic process.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse makes sure the doctor's orders about the patient's care are carried out.	1	PT = NP
2. The nurse observes changes in the patient's emotional condition and reports them to the doctor.	4	PT < NP(p=.05)
3. The nurse observes the patient's physical condition and reports new symptoms to the doctor.	7	PT = NP
4. The nurse encourages the patient to have confidence in his physician.	14.5	PT = NP
5. The nurse refers to the doctor the patient who will not take his medication.	21.5	PT = NP
6. The nurse suggests that the patient discuss his troubles with the doctor.	32	PT = NP
Level 2 - Medium Relative Importance		
7. The nurse refers the patient's questions about his illness to the doctor.	39	PT = NP
8. The nurse explains to the patient what his doctor's instructions mean.	57	PT = NP
Level 3 - Low Relative Importance		
9. The nurse asks the patient for information about himself which the doctor needs.	80.5	PT > NP(p=.05)
10. The nurse answers the patient's questions about his progress by telling him what his doctor said.	97	PT = NP

	Rank by Total Group	Comparison Between (PT, NP)*
Level 3 (Cont.) Low Relative Importance		
11. The nurse tells the patient when his physician will be giving him a physical examination.	98	PT NP(p=.02)
12. The nurse accompanies the physician when he sees the patient.	99	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

An examination of the rank assigned to the various nursing functions included in the nurse-patient-doctor relationships demonstrated a wide variation in the level of importance attached to the individual functions.

It is noted that the nursing function concerned with initiating the doctor's orders was considered by both groups to be the most important function that the nursing personnel could perform. Examination of the items also demonstrated that whenever nursing activities were directed toward supporting or strengthening the relationship between the patient and his doctor and the nurses were observing and reporting changes in the patient's physical condition, as items two and three indicated, they were regarded as highly important by both groups. Encouraging communications between them was also shown to be important. On the other hand, when these liaison activities of the nurse placed her in the role of messenger or when it involved

her in communications that do not, or need not, directly concern her, the degree of relative importance attached to them was extremely low. In the particular setting of this study, patients are seen daily by their physician for psychotherapy or other treatment. Thus, communications between the doctor and the patient were adequately provided for and may account for the low relative value placed on these functions. Activities of this type might possibly be conceived by some patients and personnel as intrusions into the doctor-patient relationship, and this would account for some devaluation of these functions by the group.

Item number twelve in this category was ranked next to the lowest in the entire sort. This function concerns the nurse accompanying the doctor when he sees the patient. As, has been indicated, the patient is usually seen by the doctor for psychotherapy counseling in this setting and the presence of a third person in this personal communication process would be, in most cases, a deterrent to successful counseling. This item would in all probability be ranked at a higher level where the nurse is needed to assist the doctor with physical treatment of the patient.

Comparison of the two groups indicates an apparently high correlation in their perceptions of the importance these functions have as contributors to the patient's comfort. Only three of the twelve items were perceived

differently at a statistically significant level. The first of these involved the observation and reporting of changes in the patient's emotional condition. The emotional aspects of the nurse-patient relationship is discussed more fully when the supportive emotional care functions are presented. However, from the emphasis placed on this item by the personnel, as contrasted to that of the patients, it could be assumed that, in this setting at least, the nursing personnel attached greater importance to the emotional aspects of the patient's condition than the patient himself did. It can be concluded from this that the nursing personnel, cognizant of the fact that they are employed to work with emotionally ill patients and by virtue of their training which undoubtedly emphasizes the emotional aspects of human behavior, find it necessary to direct their attention to the emotional changes in their patient's behavior and report them to the doctor.

Items nine and eleven also showed significant differences in the level of importance attached to them. This time; however, emphasis was placed on the items by the patients. It would appear, from this, that the patient who is kept informed of what is being planned for him, and who feels that there is a sharing of information between himself, the doctor, and the nurse, feels more comfortable in his hospital environment.

In summary, then, these responses demonstrate that great value is placed on the interpersonal interactions of the nurse, the patient, and the doctor. Both groups indicate that the patient's comfort will be increased when the communications between these central figures are maintained and used to further their understanding of the patient. Findings also reveal that more importance is attached to activities that place the personnel in a partnership role with the doctor than to the messenger role suggested by items seven through twelve.

B. Other Liaison Activities

The next thirteen items in the Q-sort were devoted to other liaison activities and included relationships with other hospital staff members and departments concerned with the care of the nurse's patients. When the Q-sort was standardized, one item was found to be randomly placed,[2] and therefore only twelve of the thirteen items will be discussed below. Through these relationships the nurse contributes to the patient's comfort by seeing that others concerned with his care are made aware of his needs. She also acquaints the patient with hospital resources that are available for his added comfort and recovery.

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[2] Ibid.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse interprets the patient's problems to co-workers to seek their cooperation in planning for the patient.	28	PT = NP
Level 2 - Medium Relative Importance		
2. The nurse carries out the hospital rules concerning the patient impartially.	47.5	PT = NP
3. The nurse reports a patient's complaints to the appropriate authority.	52	PT = NP
4. The nurse explains the hospital routines to the patient.	59	PT = NP
5. The nurse adjusts some of the hospital routines to meet the individual needs of the patient.	67	PT = NP
Level 3 - Low Relative Importance		
6. The nurse tells the patient of the availability of a spiritual counselor.	77.5	PT = NP
7. The nurse explains to the patient how other professional workers can help him.	83	PT = NP
8. The nurse discusses with the patient how a referral to the occupational or educational therapist could help him.	91	PT = NP
9. The nurse aids the patient who has difficulties at home to get in touch with the social worker.	93	PT = NP
10. The nurse explains to the patient what the hospital arrangements are for safeguarding his valuables.	95	PT = NP

	Rank by Total Group	Comparison Between (PT, NP)*
Level 3 (Cont.) Low Relative Importance		
11. The nurse refers the patient to other hospital services for help with post-hospitalization plans.	96	PT = NP
12. The nurse tells the patient the functions and purpose of the various hospital departments.	100	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

The above findings suggest that the subjects in this research attach considerably less importance to the liaison activities that involve the nurse in relationships with other staff members and departments of the hospital, than to those that concern her interactions with the doctor and the patient. Only one item in this group was rated as having high relative importance. Item number one concerned the nurse's interpretation of the patient's condition to co-workers in order to plan for patient care. In the specific setting of this study the patient's contact with hospital personnel is confined almost exclusively to the doctor and the nurse. Therefore, the term co-worker may be interpreted to mean either the doctor or other nursing personnel. This interpretation would tend to make this function an extension of the nurse-patient-doctor relationship and would explain its being ranked so far above the

other items in this category.

One factor that may contribute to the low relative importance assigned to items in this category is the fact that other professional workers such as social workers, occupational therapists, psychologists, etc., are not employed for direct patient care in this setting. Inasmuch as their services are not readily or routinely available, little importance would be attached to functions that involved relationships with them. Other factors contributing to the lack of importance attached to these functions may be: (1) the treatment of the mentally ill patient does not usually involve other departments in the hospital, (2) the physical isolation of this particular unit from the rest of the hospital, and (3) the desire on the part of many of the patients to remain aloof from contact with others outside the unit.

There were no significant differences in the way the two groups perceived these functions. It can be assumed then, on the basis of these findings, that while these liaison activities might contribute to the ultimate recovery of the patient, they are not regarded by either group as essential to the comfort of the patient.

2. PHYSICAL CARE

A. The Technical Aspects of Physical Care

The eleven items devoted to this area of the Q-sort

are, as the term implies, those activities that are performed for the patient's well being and which call upon the nurse to utilize the skill and knowledge she has gained through her study of the physical and biological sciences.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse stays with the patient until he has taken his medication.	5.5	PT = NP
2. The nurse watches the patient for any toxic symptoms following the administration of medication.	8.5	PT = NP
3. The nurse promptly detects changes in the patient's physical condition.	12	PT = NP
4. The nurse safeguards the patient from injury by using equipment properly.	13	PT = NP
5. The nurse recognizes and plans for the patient's physical needs.	23.5	PT = NP
6. The nurse aids the patient's recovery by practicing sound aseptic techniques.	25.5	PT = NP
7. The nurse checks the patient's physical condition before leaving him.	27	PT = NP
8. The nurse conserves the patient's strength by relieving pain.	33	PT > NP(p=.01)
Level 2 - Medium Relative Importance		
9. The nurse helps the patient carry out prescribed physical treatment.	52	PT > NP(p=.02)
10. The nurse gives the patient pre-operative physical treatment.	67	PT = NP

	Rank by Total Group	Comparison Between (PT, NP)*
Level 3 - Low Relative Importance		
11. The nurse carries out diagnostic tests concerning the patient's physical condition.	75	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

From an examination of the responses to these functions it can be concluded that despite the psychiatric setting of this study and the attention given to emotional aspects of behavior in both popular and professional literature, the physical treatment of the patient is still regarded by the persons studied as a fundamental part of any nurse-patient interaction.

A majority of the items in this group were placed at the level of high relative importance. The three exceptions were concerned with physical treatment and diagnostic tests, which are rarely performed in this situation. Item eleven, which is related to the nurse carrying out diagnostic tests concerning the patient's physical condition, brought comments from several patients to the effect that diagnostic procedures belonged under the physician's domain and were not part of nursing practice.

One noteworthy observation can be made in comparing the perceptions of the two groups. In every case where

more importance was attached to an item by one group, it was the patient group who considered it most important. The reasons for this can, at this time, only be a matter of speculation. But observation on this unit and conversations with the patients suggest that in this setting there is a reluctance on the part of patients to recognize or accept their illness as one that is emotional in nature. They seem to feel more secure in talking about their illness in terms of its physical manifestations, rather than in terms of its emotional components. The setting of this unit in a general hospital, the feelings of apathy and fatigue that so often accompanies emotional illness, and the prevalent use of chemotherapy treatment all seem to lend support to their perceptions. The prevalent use of drugs probably indicates the reason why items one and two, which are concerned with the nurse's functions in remaining with the patient until he has taken his medication and watching him for any toxic reactions to the medication, were considered to be of such high relative importance.

With this reluctance on the part of patients to accept their illness as emotional, their attachment of greater importance to the items concerning relief of pain and physical treatment appears logical. However, inasmuch as differences were noted on only two of the items, and from the relatively high importance attached to the majority of the items, we can surmise that it is not only easier for

the patient to think of his illness in terms of physical factors, but it is also important in the nurse's conception of nursing care that she recognize and meet these needs in a skillful way. These findings also support the assumption that factors contributing to the patient's sense of security tend to add to his feeling of comfort. Therefore, having the nurse observe the patient for changes in his condition and reaction to medication, and safeguarding him by using safe and aseptic techniques are regarded highly by the patients in considering factors that make him comfortable. The nurse also seems to feel more secure and comfortable in her relationships with patients when she is conscientious in her use of these precautions and techniques.

B. The Immediate Physical Needs of the Patient

Fourteen items in the Q-sort are devoted to nursing functions that are centered around meeting the immediate physical needs of the patient. These needs are the needs the nurse can meet through her daily interactions with the patient, and make up those activities often referred to as bedside nursing. Meeting these needs not only requires technical knowledge and skill but a willingness and a desire to try and understand and feel with the patients. The items devoted to the immediate physical needs of the patients are presented below in order of their relative importance.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse gives the patient in pain prescribed medication.	10	PT = NP
2. The nurse spends sufficient time with each patient to make sure his physical needs have been attended to.	17	PT = NP
3. The nurse gives prescribed medication when the patient is unable to sleep.	21.5	PT = NP
4. The nurse helps the bed-ridden patient care for his bodily needs.	29	PT = NP
Level 2 - Medium Relative Importance		
5. The nurse arranges the patient comfortably after treatment.	43	PT = NP
6. The nurse helps prevent bedsores on her patients.	43	PT = NP
7. The nurse notices when the patient is tired and arranges for his rest.	46	PT > NP(p=.001)
8. The nurse is gentle when feeding a patient.	47.5	PT = NP
9. The nurse protects the patient from extremes of heat or cold.	52	PT = NP
10. The nurse observes any difficulty the patient has eating his meals.	57	PT = NP
Level 3 - Low Relative Importance		
11. The nurse makes the patient comfortable by giving him back rubs.	69	PT = NP
12. The nurse changes the patient's dressings.	71.5	PT = NP

	Rank by Total Group	Comparison Between (PT, NP)*
Level 3 (Cont.) Low Relative Importance		
13. The nurse is careful not to jar the patient when giving treatments.	89.5	PT > NP(p=.05)
14. The nurse makes sure the patient has the correct foods to eat.	89.5	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

The responses to these items, in general, ascribe less importance to these items, than to the technical aspects of physical care.

Of the four items rated as being of high relative importance, two were concerned with the dispensing of medication. Inasmuch as both pain and inability to sleep are incompatible with patient comfort, methods used to relieve these situations would of necessity be rated high when functions that contribute to the patient's comfort are considered. Item two in this level concerns the nurse spending sufficient time with the patients to make sure their physical needs have been met. This appears especially significant in this psychiatric setting, not so much in terms of the physical needs but in terms of the nurse spending time with the patient. Patients suffering from emotional difficulties often feel more comfortable when someone remains with them. It was interesting to note that

when the patients participated in the study they were given a choice of doing the sort alone or with the researcher present. All of the patients except one requested that someone remain with them, and the one who wished to remain alone called for the researcher at the end of the first half hour and asked her to "visit" with her while she completed the sort. One patient commented, "I guess the hardest part of being sick is that you feel so alone. No one seems to want to be with you." Another patient said of her hospitalization, "I wouldn't have come, except that I couldn't bear the feeling of being alone all the time."

The fourth item considered of high importance in some ways defies explanation. At the time of this study no patient was confined to his bed, and yet this item deals with meeting the needs of the bedridden patient. What this apparently indicates is that the past experiences of patients and personnel and the traditional role assigned to the nurse caused this high rating by both groups even though it was not significant to their present situation.

Six items were considered to be of medium importance, all of these functions appear necessary for the patient's comfort in the hospital situation. The reason they are rated at a lower level than the other functions is probably partially due to the fact that patients in this setting are ambulatory and thus able to meet many of their own immediate needs.

Item seven, "the nurse notices when the patient is tired and arranges for his rest," was the most controversial one in the entire sort. Comments of the staff and activities planned for the patients indicated that on this unit great emphasis was placed on the importance of keeping the patients active during the day and early evening hours. Patients' rooms are furnished with "sofa-beds", which are made up as couches during the day and the patients are encouraged not to spend time lying on them during the day. This emphasis on forced activity contrasted to the patients' physical orientation to their illness would account for the vast difference in the importance attached to this item by the patients as a group and the personnel as a group.

Only one other item was perceived differently at a significant level. This, as was the case in all other items showing differences in the physical care area, was rated higher by the patient group. These findings support the assumptions made previously, that while physical care of the patient is considered important by both groups, it is rated higher by the patients. This occurrence is probably due to the difference in the way the two groups perceive the patients' illnesses. The personnel, by the very fact of their assignment to a psychiatric unit, visualizes the patients in terms of the patient's emotional behavior, while the patients tend to down grade the importance of the emotional factors and find some security in identifying

their illness as physical in nature.

3. EMOTIONAL SUPPORTIVE CARE

A. Intangible Emotional Care

Four of the items, that deal with nursing functions designed to meet the psychological needs of the patients, are devoted to ways in which personnel gives intangible emotional support. These four items are presented and discussed in the following presentation of material:

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse makes the patient feel welcome and wanted in the hospital.	5.5	PT = NP
2. The nurse tries to understand how the patient feels about his illness.	11	PT < NP(p=.02)
3. The nurse helps the patient express his fears about his illness.	18	PT = NP
Level 2 - Medium Relative Importance		
4. The nurse is considerate so that something new is not embarrassing.	39	PT = NP
Level 3 - Low Relative Importance		
No items were placed at this level.		

*(PT - Patients; NP - Nursing Personnel.)

Examination of these responses indicates that these functions were highly regarded by both the patient group and the personnel group. All of the items are ranked above the midpoint in level of importance and three of these fall in the first level.

Item number one refers to the nursing personnel making the patient feel welcome and wanted in the hospital. Since, as has been discussed in earlier chapters of this thesis, mental ill health is due to failure in the patient's ability to form successful interpersonal relationships, he in all probability, enters any new interpersonal environment with a certain amount of timidity and hesitation. The fact that both groups regarded this item as being of such high relative importance indicates that the patient wants to be welcome and wanted by those in his new environment. He wants the nursing personnel to recognize the importance of meeting this need through their actions towards him as he enters the hospital setting.

The second item, which concerns itself with the nurse's efforts to understand how the patient feels about his illness, was considered much more important by the nursing personnel than by the patients. Working with vague symptomatology of emotional illness is often difficult. Its difficulty is increased when personnel are uncertain of how the patient feels about his illness or whether he has accepted his illness as an emotional problem.

Communications between the nurse and her patient are often strained because of lack of clarification about the patient's perceptions of his illness. These findings indicate that the nursing personnel feel that their understanding of the patient would be facilitated and their ability to contribute to the patient's recovery improved if they could understand just how the patient feels about his illness. Patients, on the other hand, may be reluctant to examine their own feelings about their illness, and even less willing to expose these feelings to another. This would be especially significant in this setting, if our assumption about the patient's physical orientation to his illness is valid, because the patient's feeling of security may be dependent upon how well he can avoid examining and discussing his real feelings concerning his illness.

Item number three, "the nurse helps the patient express his fears about his illness," is similar to the item just discussed, yet here, there is no significant difference in the way the two groups perceived the importance of this function. Apparently, when the patient's feelings are intense enough to produce fear, he feels that he could be made more comfortable if he could talk about them. It might be concluded from this, that when the patient is really fearful about his condition, the need to do something to relieve it supersedes the need for remaining secure.

Item four was ranked considerably lower than the other items in the group, but above the midpoint on the scale, which indicates that both the patients and the personnel feel that it is important to save the patient from embarrassing situations. It is a function that all probably take more or less for granted and thus attach less importance to it.

B. Reassurance

The next three items in this category deal with the reassurance of the patient. Most authorities contend that reassurance cannot be directly given to a person, but rather, the reassurance must come from within. All that can really be given is an environment which allows one to develop a feeling of assurance that things will be all right. It is, nevertheless, a method employed by many who are in the position of trying to help bring comfort to someone in distress or who appears overwhelmed by his problems.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse reassures the patient by handling an emergency without showing excitement.	3	PT = NP
2. The nurse calms down the upset patient.	8.5	PT = NP

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 (Cont.) High Relative Importance		
3. The nurse reassures the patient who is alarmed over changes in his treatment procedures.	20	PT = NP
Level 2 - Medium Relative Importance		
No items were placed at this level.		
Level 3 - Low Relative Importance		
No items were placed at this level.		

*(PT - Patients; NP - Nursing Personnel.)

Responses to these items suggest that even though reassurance may be considered to be of doubtful therapeutic value to the patient's ultimate recovery, it is considered highly significant as a contributor to the patient's feeling of well-being and comfort on the psychiatric unit.

All of the items were placed in the upper fifth of the scale and were given equal emphasis by both groups. This leads to the conclusion that when the patient is alarmed, upset, or overwhelmed by emergencies, he wants someone to offer him reassurance that things will be all right. These responses also indicate that nursing personnel are secure in their feelings that the reassurance they

give to the patient will help make him more comfortable and add to his security.

C. Handling The Negative Feelings of the Patient

The nursing activities which are directed toward efforts to deal with expressions of hostility, aggression, resistance and other negative feelings of the patient, are the focus of the next four items in the Q-sort.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse tries to understand why a patient is being uncooperative.	14.5	PT < NP(p=.02)
2. The nurse shows sympathy towards an aggravating patient.	19	PT < NP(p=.05)
3. The nurse listens to the patient as he airs his feelings about environmental disturbance in his daily hospital life.	30	PT = NP
Level 2 - Medium Relative Importance		
4. The nurse is understanding when a patient refuses his medication.	52	PT < NP(p=.01)
Level 3 - Low Relative Importance		
No items were placed at this level.		

*(PT - Patients; NP - Nursing Personnel.)

Responses to these four items indicate, as have the other items discussed in the Supportive Emotional Care category, that a high degree of relative importance is assigned to these items by patients and personnel in a psychiatric setting. These items do not, however, show quite as high a rank placement as the others. In contrast to those functions just discussed, these items show a significant difference in the way the two groups perceived all of the items except one. In all cases, greater emphasis was placed on the item by the nursing service personnel.

All of these functions in addition to being concerned with the patients' expressions of negative feelings indicate or imply that the nurse tried to understand the reason behind the patient's behavior. Since understanding of the patient's behavior is emphasized in all areas of nursing, but especially so in the nursing of the mentally ill patient the value placed on these functions by nursing personnel would naturally be high. Emphasis of these items by personnel may also be attributed to the fact that in a setting where patients are ambulatory and where interactions among patients are almost constant, negative feelings, if not handled immediately, could spread and add to the discomfort of the other patients as well as increasing the problem for the personnel. Patients, on the other hand, may tend to assign relatively low value to these functions,

because they do not visualize their own behavior in these terms and they feel that nursing time should not have to be spent in taking care of these problems in their fellow patients.

D. Social Interaction

Seven of the behaviors in the Supportive Emotional Care category are classified as social interaction. These activities, to distinguish them from other nurse-patient contacts, resemble the social intercourse experiences all people share. Although these contacts serve no specific technical purpose, they are of considerable therapeutic value in work with the psychiatric patient, who has experienced failure in his ability to create and maintain this type of relationship in the past.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse introduces herself to the new patient.	23.5	PT = NP
2. The nurse stops to talk to the patient while on routine visits.	31	PT = NP
Level 2 - Medium Relative Importance		
3. The nurse spends as much time as she can with a new patient to make him feel at home.	36	PT = NP

	Rank by Total Group	Comparison Between (PT, NP)*
Level 2 (Cont.) Medium Relative Importance		
4. The nurse helps the patient to feel more comfortable by calling him by his name.	45	PT = NP
5. The nurse helps the patient pass the time by talking to him when he is alone.	61.5	PT = NP
Level 3 - Low Relative Importance		
6. The nurse asks the patient what his interests are.	71.5	PT = NP
7. The nurse talks to the patient about his hobbies.	79	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

Examination of these findings show that social interaction functions are regarded as less important than other functions in the emotional care area. The explanation for this may, again, be found within the specific setting of this study. The physical facilities of this unit are arranged so that the nurses' station is open and surrounded by a counter. This counter becomes the hub of patient activities during the day. Games are played at the counter, handicraft is worked on, and visiting among staff and patients is facilitated by this arrangement. Since social contact is thus freely possible, these contacts may be taken for granted and therefore, less

importance is attached to them than to some other items in the Q-sort.

Two of the items in this category were placed considerably lower in degree of relative importance than the other items within this specific category. These items are concerned with the nurse discussing his interests and hobbies with the patients. These items both involve the patient's discussion of his own interests and feelings. The patient's reactions to this are similar to his reaction to the items ranked eleven and eighteen in the sort and discussed under Intangible Emotional Support. In each case, there appears to be a trend for the patient to devaluate items that call for him to discuss his personal feelings about his illness or his interests in terms of their contribution to his comfort. In contrast to the items that called for the patient to talk about his illness, the nursing personnel also rank this as being of little value to the patient's comfort. This suggests that this type of information is not considered too valuable in a setting where patients remain for a short time only. Also, the patient seems to feel that his physical symptoms prevent him from becoming involved in hobbies and other activities. In another psychiatric setting where patients remain for long periods of time and prolonged rehabilitation is anticipated, this information might be considered to be of more value in planning for the care and treatment of the

patient.

E. Family and Home

The nursing functions in this area are concerned with activities that assist the nurse in her attempt to gain a better understanding of the patient as a total person, a part of a family, and a member of a larger community, rather than just a patient in the hospital. These activities also focus on helping the patient discuss problems from this larger environment which may hinder his progress and contribute to his feeling of discomfort in the hospital environment.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
No items were placed at this level.		
Level 2 - Medium Relative Importance		
1. The nurse expresses interest in the patient and his family.	34.5	PT = NP
Level 3 - Low Relative Importance		
2. The nurse discusses with the patient the affairs at home which are worrying him.	94	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

The responses to these two items indicate that while the patient feels that the personnel's interest in him and his family makes some contribution to his comfort, this sub-category has little value in making the patient's hospital milieu more comfortable. The reluctance of the patient to talk about his feelings about his illness and his interests, may be extended into his home life as well. The low relative importance assigned to item number two by the nursing staff is undoubtedly influenced by the fact that no formal lines of communication exists between the hospital unit and the family. No social service department or other facility for extending the hospital environment to include the family in the treatment plan, or to acquaint the family with what is transpiring in the hospital, exists except through the relationship that exists between the family and the physician. For these reasons nursing personnel may be wary of getting involved in a discussion of the home problems that they could not help the patient resolve.

F. Other Specific Supportive Behaviors

The next five items constitute nursing functions that help support the patient emotionally, but which cannot be grouped in any specific way. These items are listed below in the order of relative importance with which they are perceived.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
1. The nurse helps establish the patient's confidence in her by keeping her promises.	2	PT = NP
2. The nurse expresses interest in the patient's progress.	16	PT = NP
3. The nurse assures the patient who is apologetic about calling her that she is glad to come.	25.5	PT = NP
Level 2 - Medium Relative Importance		
4. The nurse expresses to the patient her confidence that unpleasant or painful treatment will be helpful.	52	PT = NP
Level 3 - Low Relative Importance		
5. The nurse discusses the patient's progress with him when he requests this.	70	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

These items are not classified in any one category, which may account for the wide variation in the way they were ranked in terms of their relative importance.

The first item in this group, which concerns the patient's trust in the nurse, warrants special note. It is apparent from an examination of the responses to this item, that the patient's need for security and comfort are

dependent, to a considerable degree, upon the amount of confidence he is able to place in the people responsible for his care and treatment. Both groups agreed that the patient's confidence in the staff is essential to his comfort, and that the amount of confidence the patient can place on the staff is measured by the way they fulfill their promises to him.

Items two, three, and four all suggest efforts made on the part of the nursing staff to make the patients feel comfortable and wanted. Through these activities the nurse tries to establish a helping relationship with the patient by letting him know that she is present to help him when he needs help and that she is interested in him and concerned for his comfort and safety.

The fifth item in this group is rated well below the others. The discussion of the nurse-patient-doctor relationship earlier in this chapter cites a reason that may have influenced the placement of this item. When the patient sees the doctor daily, he may not feel a need for discussing his progress with the nurse. The patient might even look upon this activity as an intrusion into his relationship with his doctor.

4. PATIENT EDUCATION

A. General Health Teaching

With the advent of early ambulation and discharge

in most hospital situations, the need for adequate preparation of the patient for discharge has been felt by all hospital personnel, especially the nursing personnel responsible for the major share of the patient education that is done. In the psychiatric setting the instruction of patients has a somewhat different and less formal orientation than it has in other settings in the hospital. The reasons for this are clear; emotions are much less tangible than physical phenomena. For example, one can teach the patient how to dress a wound and prevent infection by demonstration and by the dispensing of scientific factual material. One cannot, however, in the same way show a person how to get rid of anxiety and prevent its recurrence either by demonstration or the dispensing of factual material. What one can do is to establish a therapeutic environment which allows the patient to try out various methods of dealing with his emotional difficulties in an attempt to create new and progressively more mature methods of dealing with his emotions. In other words she cannot tell him what should be done. She can, however, create a milieu which allows the patient to find the solution that is best for him.

Eight of the items classified under the Patient Education category involved activities related to general health teaching. These items are listed below in the order of their relative importance.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
No items were placed at this level.		
Level 2 - Medium Relative Importance		
1. The nurse teaches the patient with a communicable disease how to avoid spreading infection.	34.5	PT = NP
2. The nurse teaches the patient how to help in his recovery.	39	PT = NP
3. The nurse teaches the patient about his illness in terms he can understand.	43	PT = NP
4. The nurse teaches the patient the value of recreation during his recovery.	57	PT = NP
5. The nurse corrects the patient's mistaken ideas about his illness.	67	PT = NP
Level 3 - Low Relative Importance		
6. The nurse teaches the patient how to protect himself from disease.	73.5	PT = NP
7. The nurse teaches the patient how to prevent a relapse of his illness.	83	PT = NP
8. The nurse teaches the patient good health habits.	85.5	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

Placement of the majority of these functions near the middle of the scale suggests that these functions are found to be important nursing functions, but that the importance of these teaching functions as a

contributor to the patient's comfort is considered of less value than other functions performed by the nurse. This is an understandable perception, inasmuch as teaching is primarily instituted to bring about future change and it does not, generally speaking, remedy what might be discomforting to the patient in the immediate situation.

B. Specific Instructions to the Patient Regarding His Care.

Seventeen items in the sort have been devoted to the specific instructions given to the patient regarding his own problems. Since one of these items was found to be randomly placed during the testing of this instrument, only sixteen of the items will be discussed below.[3]

	Rank by Total Group	Comparison Between (PT, NP)*
Level 1 - High Relative Importance		
No items were placed at this level.		
Level 2 - Medium Relative Importance		
1. The nurse explains to the patient the need for unpleasant or painful treatments.	39	PT = NP

[3] Ibid.

	Rank by Total Group	Comparison Between (PT, NP)*
Level 2 (Cont.) Medium Relative Importance		
2. The nurse explains to the patient why changes in his treatment are necessary.	39	PT = NP
3. The nurse explains to the patient why he needs to take his medication.	52	PT < NP(p=.05)
4. The nurse explains to the patient why he must be isolated.	52	PT = NP
5. The nurse explains why the patient cannot do all the things he would like to do.	61.5	PT = NP
6. The nurse answers the patient's questions about his treatment.	61.5	PT < NP(p=.01)
7. The nurse encourages the patient on a special diet to share responsibility for carrying it out.	61.5	PT > NP(p=.05)
8. The nurse teaches the patient how to carry out prescribed physical treatment.	64	PT > NP(p=.01)
9. The nurse explains to the patient the nursing procedures she is carrying out.	65	PT = NP
Level 3 - Low Relative Importance		
10. The nurse explains to the patient how his nursing care is related to his illness.	73.5	PT = NP
11. The nurse explains to the patient the steps involved in preparing for an operation.	80.5	PT < NP(p=.01)
12. The nurse explains to the patient the reason for diagnostic tests.	83	PT = NP
13. The nurse explains to the patient why he needs a special diet.	85.5	PT = NP
14. The nurse explains to the patient why he needs a certain amount of rest.	87	PT = NP

	Rank by Total Group	Comparison Between (PT, NP)*
Level 3 (Cont.) Low Relative Importance		
15. The nurse explains to the patient how she will care for his physical needs.	88	PT = NP
16. The nurse instructs the patient how to maintain an adequate state of nutrition.	92	PT = NP

*(PT - Patients; NP - Nursing Personnel.)

The responses to these items tend to support what has previously been said regarding the lack of importance placed on teaching functions as factors that contribute to the patient's comfort. Examination of the statements of the functions included in this group shows that these functions are concerned with the explanation of the necessity for performing many of the functions referred to in other categories of the Q-sort. Further study of these items suggests that the function itself is regarded at a much higher level of relative importance than the explanation of the function. For example, consider the two items regarding the patient's rest. The items that concerned the nurse observing the need for rest and arranging for the patient to have this rest was ranked as number forty-six, while the explanation of the need for rest was given a rank of eighty seven. Consideration of the items concerned with medication and other treatments indicate the same trend.

From this it can be concluded that while education is of value in the care and treatment of patients it is considered by the subjects in this setting to be of small appreciable value in terms of the patient's comfort.

Comparison between the responses of the patient group and the nursing personnel group to individual nursing functions. The purposes of this study were defined in terms of two questions of basic importance to those concerned with patient care in this, or any other, psychiatric setting. Additional purposes to be considered during the research project were cited in the form of two null hypotheses stated in Chapter One.

In the above presentation of the responses of the patients and the nursing personnel as a total group to all of the statements of nursing functions contained in the Q-sort, some consideration has been given to the first of the proposed questions; namely, "What nursing functions do the patients and the nursing personnel in a psychiatric setting identify as being the most important contributions to the patient's comfort?" In the foregoing presentation the functions were presented in the order of importance within their given category. For a complete list of the Q-sort items in relation to the rank of relative importance assigned to each item by the patients as a group and the personnel as a group, see Table V in the Appendix.

In the remaining pages of this chapter consideration is given to the findings that serve to answer the second question formulated for consideration in this thesis and to present the findings that tend to either support or nullify the hypotheses.

The first hypothesis to be tested was as follows: "There will not be any significant statistical differences in the way the nursing personnel and the patients perceive the nursing functions contained in the Q-sort, in terms of their contributions to the patient's comfort." To test the validity of this hypothesis, the product moment correlation was computed for the Q-sort, by means of the formula presented in Chapter Three of this thesis. The results showed that the correlation for the sort was (.89). Despite the high correlation for the total sort there were differences in the way individual nursing functions were perceived by the patient group as opposed to the nursing personnel group. These findings are presented in Tables I and II below.

On the basis of these findings no conclusions can be made that either conclusively support or nullify this hypothesis as stated. Had the statement been clearly worded to throw emphasis on the individual items contained in the Q-sort the conclusions would probably have been different.

TABLE I

NURSING FUNCTIONS THAT WERE CONSIDERED SIGNIFICANTLY MORE IMPORTANT BY PATIENTS THAN BY NURSING PERSONNEL

Statement of Nursing Functions	Patient Mean	Personnel Mean	p
1.(40)* The nurse notices when the patient is tired and arranges for his rest.	4.24	5.66	.001
2.(30) The nurse conserves the patient's strength by relieving pain.	4.16	5.33	.01
3.(91) The nurse teaches the patient how to carry out prescribed physical treatment.	4.58	5.99	.01
4.(98) The nurse explains to the patient the steps involved in preparing for an operation.	4.74	6.49	.01
5.(7) The nurse accompanies the physician when he sees the patient.	5.74	7.33	.02
6.(36) The nurse helps the patient to carry out prescribed physical treatment.	4.66	5.49	.02
7.(10) The nurse asks the patient for information about himself which the doctor needs.	4.83	6.41	.05
8.(89) The nurse encourages the patient on a special diet to share responsibility for carrying it out.	4.74	5.74	.05
9.(47) The nurse is careful not to jar the patient when giving treatment.	5.41	6.33	.05

*(Indicates the number of this item in the Q-sort.)

Examination of the above table serves to emphasize the findings presented earlier in this chapter when the responses to the total Q-sort were discussed. Patients in this setting tend to emphasize those items that are concerned with the physical care functions performed by nursing personnel. Four of the nine items in the table are listed within the physical care category, and the remaining five functions, although listed under other categories, make direct reference to physical care. Factors that influence this emphasis on the physical care by patients in a psychiatric setting were not a matter of direct focus in this study. Possible causes for this emphasis were discussed earlier in this chapter. This discussion and analysis, like all other empirical analyses made in this study, was based upon assumptions and observations made by only one person, the researcher and author of this thesis, and as such cannot be considered conclusive. Because of the importance of greater understanding of the factors that influence this type of response, this matter should become the focus of future research in this setting.

Table II also lends additional evidence to the findings presented and analyzed earlier in this chapter. The emphasis on functions designed to meet the emotional needs of the patient is clearly demonstrated by the items emphasized by nursing personnel. The contributing causes

of these findings were also the subject of empirical analysis earlier. However, the findings of other recent research in the psychiatric setting that nurses rated interpersonal functions higher than other functions they were involved in, tends to lend some validity to these personnel observations.[4]

TABLE II

NURSING FUNCTIONS THAT WERE CONSIDERED SIGNIFICANTLY MORE IMPORTANT BY NURSING PERSONNEL THAN BY PATIENTS

Statement of Nursing Functions	Personnel Mean	Patient Mean	p
1.(85)* The nurse answers the patient's questions about his treatment.	4.66	5.83	.01
2.(58) The nurse is understanding when a patient refuses his medication.	4.33	5.83	.01
3.(53) The nurse tries to understand how the patient feels about his illness.	3.25	4.66	.02
4.(60) The nurse tries to understand why a patient is be uncooperative.	3.33	4.83	.02
5.(95) The nurse explains to the patient why he needs to take his medication.	4.58	5.58	.05
6.(11) The nurse observes changes in the patient's emotional condition and reports them to the doctor.	2.83	4.16	.05
7.(59) The nurse shows sympathy towards an aggravating patient.	3.58	5.16	.05

*(Indicates the number of this item in the Q-sort.)

[4]Gloria J. Fischer, and Grace W. Leutsch, "Nurses'

Consideration of the patient's and personnel's perceptions of the various categories of nursing functions in terms of their significance in the psychiatric setting. The second question to be considered in this study was to determine, "which of the broad categories of nursing functions; (1) liaison activities, (2) physical care, (3) emotional supportive care, or (4) patient education, do the patients and nursing personnel feel is the most significant in terms of patient comfort in this setting?" This question and the remaining hypothesis, which states; "There will not be any measureable difference in the significance attached to any of the categories of nursing functions as stated in this study by the patients as a group, in contrast to the nursing personnel as a group;" will be discussed concurrently.

In order to find an answer to this question and to test the hypothesis, means were determined for the various categories and on the basis of the magnitude of these means, a rank of relative importance was assigned to each of the major categories and to each of the sub-categories in the Q-sort. The amount of difference, if any existed in the significance associated with any specific category by the patient group or the personnel group, was determined by

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([4]Cont.)
Attitudes Toward Preference For and Importance of Categories of Activity in Psychiatric Nursing Care," Nursing Research, 8: 212-13, Fall, 1959.

calculating the (t) score on the sums of the patients' means and the personnels' means for each category.

The results of these computations are presented, along with a list of the various categories, in the following two tables. Table III refers to the four major categories, and Table IV contains the findings regarding the twelve sub-categories contained under the four major areas.

TABLE III

DEGREE OF RELATIVE SIGNIFICANCE ASSIGNED TO MAJOR CATEGORIES OF NURSING FUNCTIONS BY PATIENTS AND NURSING PERSONNEL

MAJOR CATEGORIES OF NURSING FUNCTION	RANK BY TOTAL GROUP	PATIENTS' MEAN	PERSONNELS' MEAN	p*
Supportive Emotional Care	1	4.82	4.36	.05
Physical Care	2	4.67	4.95	
Liaison	3	5.18	5.32	
Patient Education	4	5.32	5.37	

*Only significant difference is indicated. All other items were not significantly different.

Information contained in this table indicates that the emotional supportive category of nursing functions was considered the most significant category in this psychiatric setting by the total group. The physical care was ranked

second in degree of relative importance. However, an examination of the means for the two individual groups shows that if the categories were ranked on the basis of the patients' responses alone, these two categories would be reversed in order of relative significance. These findings, which could be anticipated on the basis of the response to individual items by the patient group, tend to render the second hypothesis invalid for this setting for there is measureable difference in the way these categories were perceived by the patients as opposed to nursing personnel.

Examination of the breakdown shown in Table IV of the major categories into smaller segments suggest that the level of relative importance of any single items, or small group of items, cannot be predicted on the basis of the category it represents, but rather that individual attention must be given to each specific function in determining its importance to patient care. In the analysis of these findings there are some significant contrasts demonstrated. For example, consider the sub-category, home and family, this category if considered on the basis of the major category placement would have been ranked one in level of relative significance, considered separately; however, it was placed at a much lower level on the scale, being ranked next to the lowest of the twelve sub-categories. Social interaction and those items classified under other liaison activities showed similar tendency, however, the

amount of variation in the way they were ranked in the sub-category scale as contrasted to the major category scale were not as great.

TABLE IV

DEGREE OF RELATIVE SIGNIFICANCE ASSIGNED TO SUB CATEGORIES OF NURSING FUNCTION BY PATIENTS AND NURSING PERSONNEL

SUB CATEGORIES OF NURSING FUNCTION	RANK BY TOTAL GROUP	PATIENTS' MEAN	PERSONNELS' MEAN	p*
1. Reassurance	1	3.83	3.83	
2. Intangible Emotional Support	2	4.50	3.89	.02
3. Other Specific Supportive Behavior	3	4.66	4.23	
4. Handling the Patient's Negative Feelings	4	5.12	3.96	.02
5. Technical Aspects of Physical Care	5	4.53	4.67	
6. Nurse-Patient-Doctor Relationship	6	4.66	5.04	
7. The Immediate Physical Experience of the Patient.	7	4.79	5.16	
8. Social Interaction	8	5.16	4.88	
9. General Health Teaching	9	5.22	5.25	
10. Specific Instructions to the Patient Regarding His Care	10	5.37	5.42	
11. Family and Home	11	5.50	5.37	
12. Other Liaison Activities	12	5.66	5.57	

*Only significant differences are indicated. All other items were not significantly different.

In summary, it can be stated that when the responses of both the patients and the personnel are considered together, the emphasis was placed on the supportive emotional care functions that the nursing personnel perform for the patients. However, individual consideration of the patients as a group and the nursing personnel as a group shows significant difference in the value assigned to the various categories. This difference was demonstrated statistically in the emphasis placed on the supportive emotional functions by the nursing personnel. Examination of the findings also reveal that greater emphasis is placed on individual functions within the physical care category by the patient group; however, differences in the responses made by the patients and by the nursing personnel to these functions as a composite were not statistically significant.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Current trends in psychiatry are directed towards a concept of patient care which emphasizes the value of providing the psychiatric patient with a therapeutic environment that plans for his psychological, his physical, and his social needs. There is a growing body of evidence to support the view that the patient's ability to realize maximum benefits from any psychotherapeutic treatment will be favorably influenced by an environment which provides for his immediate needs and contributes to his feelings of comfort and security. This implies that those responsible for his care in the hospital setting must be able to recognize, to understand, and to plan for the patient's needs through nursing care that will provide for these needs.

The investigative study reported in this thesis was an attempt to determine whether members of the nursing personnel in a specific psychiatric setting were able to identify which of the many individual nursing functions they performed for patients and which of the broad areas of nursing functions made the greatest contributions to the comfort of their patients.

A review of the literature in the field of psychiatric nursing and other related areas indicated an increase in both the number and the quality of research into all areas

of nursing with considerable attention being given to the area of psychiatric nursing. There were, however, limited studies that were directed towards the issues that concerned this particular research effort; namely, the functions that contribute to the patient's comfort and studies that rely on the patient's own reactions and perceptions for an evaluation of patient care.

Several research methods were investigated in an effort to find an instrument that would be suitable for individual research with a limited population. The instrument that appeared most suitable for this study was the Q-sort developed by Dr. J. Frank Whiting, for The American Nurses' Foundation. This instrument consists of one hundred true and important nursing functions performed for or in behalf of patients by nursing personnel. Working on the assumption that if these functions were perceived in a similar fashion by the personnel performing the particular nursing function and the patient who received the service, it could be concluded that the personnel was able to identify the needs of the patients.

The Q-sort was administered to twelve nursing personnel and twelve patients on a psychiatric unit of a general hospital. By asking the subjects to place each of the one hundred items in one of the nine levels of relative importance and by statistically analyzing the results, it was hoped that answers could not only be found to the two

questions formulated for study but that the two hypotheses stated below in null form could be tested.

1. There will not be any significant statistical difference in the way the nursing personnel and the patients perceive the nursing functions contained in the Q-sort in terms of their contribution to patients' comfort.
2. There will not be any measurable difference in the significance attached to any of the categories of nursing functions as stated in this study by the patients as a group, in contrast to the nursing personnel as a group.

Statistical analysis on the subject's responses allowed for the assignment of each of the one hundred items with a numerical rank in the order of its level of importance and also made possible the comparison between the responses of the patients and the personnel. The findings indicated that the correlation for the entire Q-sort was .89; however, mean differences significant at .05 level or above, on individual items indicated that the first null hypothesis could be considered valid in this setting if computations were based on all items in the sort. Contradictions on the individual items; however, suggest that the acceptance or rejection of this hypothesis could not be conclusive without further clarification and testing.

The responses to the broad categories indicated that

there were differences in the perceptions of the patients as compared to the personnel. This difference was demonstrated in the emphasis placed on "supportive emotional care" functions by the nursing personnel which was significant at the .02 level, thus rejecting the second null hypothesis.

CONCLUSIONS

The findings of this study led to several conclusions which have obvious significance for those concerned with patient care in this particular phychiatric unit. First, the supportive emotional care and the physical care categories of nursing functions were considered in that order to be the most important functions in terms of patient comfort. Throughout all the analytical procedures in the study there was evidence of emphasis on the physical care functions by the patients and even greater emphasis on the supportive emotional care aspects by the nursing personnel. It was the difference in these areas that resulted in the rejection of the second hypothesis formulated for testing in this study. Second, there was general agreement as to the extremely high relative value placed on liaison activities that involved direct communications in the nurse-patient-doctor relations and low relative value placed on all other liaison functions and on the functions concerned with patient education. Finally, the findings of this study indicate that research in the individual clinic

setting and involving direct participation by the patients can be both valuable and possible.

OTHER CONSIDERATIONS

The findings of this investigative study have provided information that will assist those responsible for the care of patients and the supervision of personnel in planning in-service education programs designed to improve patient care and personnel moral. In addition to supplying data on the areas of nursing which should be the focus of in-service education endeavors in this particular setting, this research project has provided some information relative to the present level of patient care and nursing function and, therefore, has supplied some base from which the effectiveness of the educational programs can be evaluated.

Information gained from this and similar studies could have practical value for the head nurse in the clinical setting, it supplies some criteria for judging the work performance of her staff, and provides information that will help her make realistic work assignments that are based upon patient needs.

RECOMMENDATIONS

It is upon the conclusions of this study that the following recommendations are made:

1. Research of this type should be conducted in other types of psychiatric facilities to determine whether the findings of this study could be considered as valid and reliable.

2. Further research should be conducted in this particular setting to determine (a) whether the nursing care functions perceived as being of high relative value are the functions that are carried out in actual practice in the clinical setting, (b) if the difference in the value placed on individual functions by patients and personnel has a measurable adverse effect on patient care, and (c) what factors cause patients in this psychiatric unit to assign such high value to physical care functions as contrasted to the supportive emotional functions.

3. An extension of this research should be conducted in other clinical areas of this same private general hospital to see if the responses made to the Q-sort were based upon the needs of the psychiatric patient, or were a reflection of the philosophy of patient care utilized in all clinical areas of this hospital.

BIBLIOGRAPHY

BOOKS

Brown, Martha Montgomery, and Grace R. Fowler. Psychodynamic Nursing. Philadelphia: W. B. Saunders Company, 1954.

Cronback, Lee J. Correlations Between Persons As A Research Tool. In Psychotherapy Theory and Research. Edited by O. Hobart Mowrer. New York: The Ronald Press Company, 1953.

Matheney, Ruth V., and Mary Topalis. Psychiatric Nursing. St. Louis: The C. V. Mosby Company, 1957.

Nunnally, Jum C. Tests and Measurements. New York: The McGraw-Hill Book Company, 1959.

Peplau, Hildegard. Principles of Psychiatric Nursing. Vol. II of American Handbook of Psychiatry. Edited by Silvano Arieti. 2 vols. New York: Basic Books, Inc., Publishers, 1960.

Reichmann, Frieda Fromm. Principles of Intensive Psychotherapy. Chicago: The University of Chicago Press, 1950.

Render, Helena Willis, and M. Olga Weiss. Nurse Patient Relationships in Psychiatry. New York: McGraw-Hill Book Company, Inc., 1959.

Stephenson, William. The Study of Behavior. Chicago: The University of Chicago Press, 1959.

Sullivan, Harry Stack. Conceptions of Modern Psychiatry. Washington, D.C.: The William Alanson White Psychiatric Foundation, 1947.

OTHER PUBLICATIONS

Lewis, Eleanor W. "Identifying Some Concepts Nursing Personnel Need to Understand in Relation to The Nature of Therapeutic Function," The League Exchange No. 6, Aspects of Psychiatric Nursing Care, Section A. New York: National League for Nursing, 1957.

National League for Nursing. Concepts of Behavioral Science In Nursing Education. New York: National League for Nursing, 1958.

Whiting, J. Frank, and others. "The Nurse-Patient Relationship and The Healing Process," A Progress Report to the American Nurses' Foundation, Inc. New York: The American Nurses' Foundation, Inc., 1958.

PERIODICALS

Abdullah, Faye G., and Eugene Levine. "Developing A Measure of Patient and Personnel Satisfaction With Nursing Care," Nursing Research, 5:100-08, February, 1957.

Adams, Hugh. "The Psychiatrist and the Nurse: A Working Partnership," Mental Hospital, 10:7-8, January, 1959.

Benne, Kenneth D., and Warren Bennis. "Role Confusion in Nursing: The Role of the Professional Nurse," The American Journal of Nursing, 59:196-98, February, 1959.

Benne, Kenneth D., and Warren Bennis. "Role Confusion and Conflict in Nursing: What is Real Nursing?" The American Journal of Nursing, 59:380-83, March, 1959.

Berstein, Lewis, and others. "Teaching Nurse-Patient Relationships," Nursing Research, 3:80-84, October, 1954.

Carter, Frances M. "The Critical Incident Techniques in Identification of The Patient's Perceptions of Therapeutic Patient-Patient Interaction on a Psychiatric Ward," Nursing Research, 8:207-11, Fall, 1959.

Dichter, Ernest. "The Hospital Patient Relationship: What The Patient Really Wants From The Hospital," The Modern Hospital, 83:51-4, 136, September, 1954.

_____. "The Hospital Patient Relationship: The Patient's Greatest Need is Security," The Modern Hospital, 83:55-58, 134, October, 1954.

_____. "The Hospital Patient Relationship: How Secure is Your Hospital," The Modern Hospital, 83:61-63, November, 1954

_____. "The Hospital Patient Relationship: How to Make Your Hospital Secure," The Modern Hospital, 83:69-73, December, 1954.

_____. "The Hospital Patient Relationship," The Modern Hospital, 84:74-77, January, 1955.

"Directions Apparent in Nursing Research," Editorial, Nursing Research, 8:187, Fall, 1959.

Dodge, Joan S. "The Nurse-Doctor Relations and Attitudes Toward The Patient," Nursing Research, 9:32-38, Winter, 1960.

Fischer, Gloria J., and Grace W. Leutsch. "Nurses' Attitudes Towards Preference for and Importance of Categories of Activities in Psychiatric Nursing Care," Nursing Research, 8:212-14, Fall, 1959.

Kalkman, Marion. "What The Psychiatric Nurse Should Be Educated to Do," Psychiatric Quarterly, Supplement 1, 26:93-102, 1952.

Szurek, S. A. "Dynamics of Staff Interaction in Hospital Psychiatric Treatment," American Journal of Orthro-psychiatry, 17:652-64, October, 1947.

Whiting, J. Frank. "Q-Sort: A Technique for Evaluating Perceptions of Interpersonal Relationships," Nursing Research, 4:70-73, October, 1955.

_____. "Needs, Values, Perceptions and The Nurse-Patient Relationship," Journal of Clinical Psychology, 15:146-50, April, 1959.

_____. "Patient's Needs, Nurses' Needs, and The Healing Process," The American Journal of Nursing, 59:661-65, May, 1959.

APPENDIX A

C O P Y

AMERICAN NURSE' FOUNDATION, INC.
10 Columbus Circle - New York 19, N. Y. - Judson 2-7230

Clara A. Hardin, PH. D.
Executive Director

February 19, 1960

Miss Ora Loy Robison
482 'L' Street
Salt Lake City 3, Utah

Dear Miss Robison:

We are glad to grant permission to use Dr. Whiting's Q-sort material if he expresses approval.

The Foundation does not control the use of the Q-sort technique as such. We hold only the copyright to Dr. Whiting's report and the specific items he developed. If you use any of his material we assume you will give appropriate credit to him and to the American Nurses' Foundation, Inc.

We would suggest that you contact Dr. Whiting for his permission and for further information that he may be able to give you about the specific items you want to use. He can be reached at the following address:

J. Frank Whiting, PH.D., Assistant Director
Division of Operational Research
Association of American Medical Colleges
2530 Ridge Avenue
Evanston, Illinois

If you can share a copy of your study or summary of your findings, we will be pleased to hear from you.

Sincerely yours,

Signed by Walter L. Johnson, Ph.D.
Project Director

WLJ/vh

C O P Y

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
2530 Ridge Avenue
Evanston, Illinois

March 4, 1960

Ora Loy Robison
482 'L' Street
Salt Lake City 3, Utah

Dear Miss Robison,

I would be happy to grant approval of your use of the materials and techniques developed in our Nurse-Patient Relationship Research Program. In this connection I am enclosing a copy of the research monograph entitled, "The Nurse-Patient Relationship and the Healing Process" and some additional reprints from our research. You will find the Q-sort items listed on pages 40-44 in the major research report. Instructions for administering the Q-sort are noted on pages 47-48. In addition to the material I am enclosing, you may wish to review an article entitled, "Some Practical Aspects of Nursing Research" which was written by a number of my nurse colleagues and myself, and which appears in the February 1960 issue of the American Journal of Nursing...*

Sincerely yours,

Signed by J. FRANK WHITING, Ph.D.
Assistant Director
Division of Operational Research

*Excerpt of a letter written by Dr. J. Frank Whiting to the researcher and author of this thesis.

APPENDIX B

Q-SORT ITEMS

1. LIAISON

A. The Nurse-Patient-Doctor Relationship

(1) The nurse observes the patient's physical condition and reports new symptoms to the doctor.
(2) The nurse suggests that the patient discuss his troubles with the doctor.
(3) The nurse answers the patient's questions about his progress by telling him what his doctor has said.
(4) The nurse encourages the patient to have confidence in his physician.
(5) The nurse explains to the patient what his doctor's instructions mean.
(6) The nurse tells the patient when his physician will be giving him a physical examination.
(7) The nurse accompanies the physician when he sees the patient.
(8) The nurse refers the patient's questions about his illness to the doctor.
(9) The nurse makes sure the doctor's orders about the patient's care are carried out.
(10) The nurse asks the patient for information about himself which the doctor needs.
(11) The nurse observes changes in the patient's emotional condition and reports them to the doctor.
(12) The nurse refers to the doctor the patient who will not take his medication.

B. Other Liaison Activities

(13) The nurse interprets the patient's problems to co-workers to seek their cooperation in planning for the patient.
(14) The nurse tells the patient the function and purpose of the various hospital departments.
(15) The nurse tells the patient of the availability of a spiritual counselor.
(16) The nurse discusses with the patient how a referral to the occupational or educational therapist could help him.
(17) The nurse aids the patient who has difficulties at home to get in touch with the social worker.
(18) The nurse explains to the patient how other professional workers can help him.

(19) The nurse refers the patient to other hospital services for help with post-hospitalization plans.
(20) The nurse reports a patient's complaints to the appropriate authority.
(21) The nurse tells the patient what schedule of treatment the hospital staff have worked out for him. (This item was in the standarization of the Q-sort found to be randomly placed and so it will not be discussed in Chapter IV.)
(22) The nurse explains to the patient what the hospital arrangements are for safeguarding his valuables.
(23) The nurse explains the hospital routines to the patient.
(24) The nurse carries out the hospital rules concerning the patient impartially.
(25) The nurse adjusts some of the hospital routines to meet the individual needs of patients.

2. PHYSICAL CARE

A. The Technical Aspects of Physical Care

(26) The nurse gives the patient pre-operative physical treatment.
(27) The nurse promptly detects changes in the patient's physical condition.
(28) The nurse safeguards the patient from injury by using equipment properly.
(29) The nurse checks the patient's physical condition before leaving him.
(30) The nurse conserves the patient's strength by relieving pain.
(31) The nurse stays with the patient until he has taken his medication.
(32) The nurse aids the patient's recovery by practicing sound aseptic techniques.
(33) The nurse watches the patient for any toxic symptoms following the administration of medication.
(34) The nurse recognizes the plans for the patient's physical needs.
(35) The nurse carries out diagnostic tests concerning the patient's physical condition.
(36) The nurse helps the patient to carry out prescribed physical treatment.

B. The Immediate Physical Experience of the Patient

(37) The nurse spends sufficient time with each patient to make sure his physical needs have been attended to.
(38) The nurse helps the bedridden patient care for his bodily needs.
(39) The nurse is gentle when feeding a patient.
(40) The nurse notices when the patient is tired and arranges for his rest.
(41) The nurse helps prevent bedsores on her patients.
(42) The nurse arranges the patient comfortably after treatment.
(43) The nurse makes the patient comfortable by giving him back rubs.
(44) The nurse observes any difficulty the patient has eating his meals.
(45) The nurse makes sure the patient has correct foods to eat.
(46) The nurse gives prescribed medication when the patient is unable to sleep.
(47) The nurse is careful not to jar the patient when giving treatment.
(48) The nurse changes the patient's dressings.
(49) The nurse gives the patient in pain prescribed medication.
(50) The nurse protects the patient from extremes of heat or cold.

3. SUPPORTIVE EMOTIONAL CARE

A. Intangible Emotional Support

(51) The nurse makes the patient feel welcome and wanted in the hospital.
(52) The nurse helps the patient express his fears about his illness.
(53) The nurse tries to understand how the patient feels about his illness.
(54) The nurse is considerate with the patient so that something new is not embarrassing.

B. Reassurance

(55) The nurse reassures the patient who is alarmed over changes in his treatment procedures.
(56) The nurse reassures the patient by handling an emergency without showing excitement.

(57) The nurse calms down the upset patient.

C. Handling Patient's Negative Feelings

(58) The nurse is understanding when a patient refuses his medication.
(59) The nurse shows sympathy toward an aggravating patient.
(60) The nurse tries to understand why a patient is being uncooperative.
(61) The nurse listens to the patient as he airs his feelings about environmental disturbances in his daily hospital life.

D. Social Interaction

(62) The nurse asks the patient what his interests are.
(63) The nurse talks to the patient about his hobbies.
(64) The nurse spends as much time as she can with a new patient to make him feel at home.
(65) The nurse introduces herself to the new patient.
(66) The nurse helps the patient to feel more comfortable by calling him by his name.
(67) The nurse stops to talk to the patient while on routine visits.
(68) The nurse helps the patient pass the time by talking to him when he is alone.

E. Family and Home

(69) The nurse expresses interest in the patient and his family.
(70) The nurse discusses with the patient the affairs at home which are worrying him.

F. Other Specific Supportive Behaviors

(71) The nurse discusses the patient's progress with him when he requests this.
(72) The nurse helps establish the patient's confidence in her by keeping her promises.

(73) The nurse expresses interest in the patient's progress.
(74) The nurse assures the patient who is apologetic about calling her that she is glad to come.
(75) The nurse expresses to the patient her confidence that unpleasant or painful treatment will be helpful.

4. PATIENT EDUCATION

A. General Health Teaching

(76) The nurse teaches the patient the value of recreation during his recovery.
(77) The nurse teaches the patient about his illness in terms that he can understand.
(78) The nurse teaches the patient how to prevent a relapse of his illness.
(79) The nurse teaches the patient with a communicable disease how to avoid spreading infection.
(80) The nurse teaches the patient good health habits.
(81) The nurse teaches the patient how to protect himself from disease.
(82) The nurse teaches the patient how to help in his recovery.
(83) The nurse corrects the patient's mistaken ideas about his illness.

B. Specific Instructions to the Patient Regarding His Care

(84) The nurse explains to the patient the need for unpleasant or painful treatments.
(85) The nurse answers the patient's questions about his treatment.
(86) The nurse explains to the patient why he must be isolated.
(87) The nurse explains why the patient cannot do all the things he would like to.
(88) The nurse explains to the patient why he needs a special diet.
(89) The nurse encourages the patient on a special diet to share responsibility for carrying it out.
(90) The nurse explains to the patient why changes in his treatment are necessary.
(91) The nurse teaches the patient how to carry out prescribed physical treatment.

(92) The nurse explains to the patient how she will care for his physical needs.
(93) The nurse explains to the patient why he needs a certain amount of rest.
(94) The nurse explains to the patient before he leaves the hospital how to take his medicines at home.
(95) The nurse explains to the patient why he needs to take his medication.
(96) The nurse explains to the patient how his nursing care is related to his illness.
(97) The nurse instructs the patient how to maintain an adequate state of nutrition.
(98) The nurse explains to the patient the steps involved in preparation for an operation.
(99) The nurse explains to the patient the nursing procedures she is carrying out.
(100) The nurse explains to the patient the reason for diagnostic tests.

APPENDIX C

INSTRUCTIONS FOR THE Q-SORT

These days, nurses are called upon to do many things with patients. All of these activities are worthwhile and important, but all of us have limit to our time and energy. This study is being conducted to determine what things are most important in contributing to patient comfort. What is important to the patient and what is important to those giving nursing care.

In order to learn what activities are the most important, we have given you a set of 100 cards. On each of the cards is a statement of an activity that involves the nursing care of patients. We would like you to sort these cards according to the activities you feel are of most importance and those you feel are of lesser importance in contributing to patient comfort. The steps to follow in sorting the cards is outlined at the end of this page.

While sorting the cards you should keep in mind the following questions; Which of the activities do you feel are (1) of high importance, (2) of medium importance, (3) of low importance in the nurses' job of providing for patient comfort?

In responding to the Q-sort Remember;

1. This is not a test.
2. There is no right or wrong way of sorting the items it is only a matter of you giving us your personal opinion. Try to sort the items so that they reflect your own opinion and attitude.
3. The responses you give will be used for research purpose only.
4. To keep your identity confidential only a code number will appear on the information you supply.

STEPS TO FOLLOW IN SORTING THE CARDS

Step I Sort the cards into 3 roughly equal piles of high, medium, and low importance.

Step II From the high pile in Step I, select the 16 most important items and place the rest in the medium pile. Then, from these 16 items, select the 5 most important items. Then from these 5 most

important items, select the 1 most important item. The result will be 3 piles of 1, 4, and 11 items each.

Step III From the low pile in Step I, select the 16 least important items and place the rest in the medium pile. Then from these 16 items, select the 5 least important items. Then from these 5 least important items, select the 1 least important item. The result will be 3 piles of 1, 4, and 11 items each.

Step IV Separate the medium pile of 68 remaining items into 3 piles of slightly more important, medium important, and slightly least important. Place the slightly more important on your left, and the slightly least important on your right. Place 21 cards in each of these piles the remaining 26 cards should be placed in the center pile.

During the time you are sorting the items someone will be available to answer any questions you may have regarding what should be done during each of the steps described above.

PERSONAL DATA - PATIENT

Respondent's Code No._____

Age____ Sex_____ Race_____ Religion_____

Marital Status_____Occupation of Husband/Wife_____

_____

Number and Age of Children_____

_____

EDUCATION: (Indicate number of years completed)

Elementary School_____ High School_____

College_____ Degree_____ Other_____
(Indicate type of school)

OCCUPATION: (At time of the onset of this condition)

Position_____

Length of time position was held_____

MEDICAL HISTORY:

Diagnosis or Description of Condition_____

_____

Previous Hospitalization or Treatment for Psychiatric Condition_____

_____

Length of Hospitalization (This admission)_____

PERSONAL DATA FORM

NURSING SERVICE PERSONNEL

Respondent's Code No._____

Age____ Sex_____ Race_____ Religion_____

Marital Status_____ Occupation of Husband/Wife_____

EDUCATION: (Indicate number of years completed)

Elementary School_____ High School_____

College_____ or School of Nursing_____

Special Training If Any for This Position_____
(Example: On the Job Training, Orientation, Etc.)

OCCUPATION:

Position Held:_____

Length of Time in This Position:_____

INDIVIDUAL TABULATION FORM

Respondent's Code No._____

Pile Number	Item Numbers
1.	_
2.	_ _ _ _
3.	_ _ _ _ _ _ _ _ _ _ _ _
4.	_ _
5.	_ _
6.	_ _
7.	_ _ _ _ _ _ _ _ _ _ _ _
8.	_ _ _ _
9.	_

APPENDIX D

TABLE V

COMPARISON OF THE RANK ASSIGNED TO Q-SORT ITEMS BY THE PATIENT GROUP IN CONTRAST TO THE NURSING PERSONNEL GROUP

Item Number	Rank by PT.*	Rank by N.P.*	Item Number	Rank by PT.*	Rank by N.P.*	Item Number	Rank by PT.*	Rank by N.P
1	7.5	10.5	34	59.5	63	67	39	3
2	21	56.5	35	79.5	79	68	65.5	56.
3	91	98.5	36	26	67.5	69	45.5	34.
4	17.5	14	37	17.5	20.5	70	95.5	89.
5	59.5	52	38	21	42.5	71	62	7
6	95.5	97	39	32	60	72	3.5	
7	86	100	40	17.5	74	73	21	15.
8	32	48.5	41	45.5	46.5	74	26	23.
9	1	1	42	32	52	75	75	34.
10	39	94.5	43	75	60	76	54.5	56.
11	13.5	3	44	59.5	52	77	75	23.
12	10.5	38	45	95.5	74	78	70.5	8
13	54.5	17.5	46	13.5	34.5	79	39	3
14	100	98.5	47	70.5	93	80	70.5	8
15	65.5	79	48	50.5	82	81	50.5	8
16	93	79	49	5.5	19	82	45.5	42.
17	95.5	84	50	39	63	83	79.5	5
18	65.5	87	51	5.5	9	84	45.5	42.
19	98	94.5	52	37	12.5	85	89.5	34.
20	54.5	52	53	26	6	86	82.5	28.
21	45.5	89.5	54	45.5	42.5	87	65.5	56.
22	99	79	55	17.5	28.5	88	86	7
23	75	42.5	56	2	4.5	89	32	7
24	50.5	48.5	57	7.5	12.5	90	50.5	3
25	86	46.5	58	89.5	23.5	91	23	8
26	54.5	70	59	57	8	92	92	7
27	3.5	26.5	60	39	7	93	65.5	9
28	70.5	15.5	61	26	31	94	79.5	67.
29	32	20.5	62	59.5	74	95	79.5	3
30	13.5	63	63	86	65.5	96	75	65.
31	12.5	4.5	64	39	42.5	97	82.5	9
32	26	23.5	65	39	17.5	98	32	9
33	9	10.5	66	70.5	26.5	99	65.5	6
						100	86	7

*PT. - Patients, *N.P. - Nursing Personnel.

TABLE VI

TABULATION OF RAW DATA

Item Number	Pile Number								
	1	2	3	4	5	6	7	8	9
1	x	x	xxx	xxxx	x	x	x		
		*oooo	o	ooo	ooo		o		
2		x	xxx	xxxx	x	x	xx		
			o	ooo	oooo	oo	o	o	
3				xxx	x	xxxx	xxx		x
					oo	oo	oooo	ooo	o
4		xx	xxx	xxx	xx			xx	
		ooo		oooooo	oo		o		
5			x	x	xxxxxxx	x	xx		
		o		ooo	oo	ooooo	o		
6				xx	xx	xxxx	xx	x	x
					oo	oo	oooo	oooo	
7			x	xx	xx	xxxx		xxx	
					o	oo	oooo	oo	ooo
8		x	xx	xx	xxx	xx	xx		
			oo	ooo	ooo	o	ooo		
9	xxx	xxxx		xxx	xx				
	ooo	oo	ooooo	oo					
10	x	x		xxx	xxx	xx		xx	
				o	o	oooo	oooo	oo	
11		x	xxx	xxxxx	x	x		x	
	oo	oo	ooooo	oo	o				
12		xx	xxxx	xx	x	xx		x	
		o	oo	ooo	oo	o	ooo		
13		x	xx	xx	x	xxx	xx	x	
		oo		oooooo	ooo	o			
14					xx	xxxx	xxx	x	xx
					o	oooo	ooo	ooo	o
15		xx		xx	xx	xxx	x	x	x
			o	o	ooooo	o	oo	o	o
16			x		xxx	xxx	xxxx	x	
					oooooo	ooo	ooo		
17				xx	xx	xxxx	x	xxx	
				o	oooo	ooo	ooo	o	
18		x		xxx		xxxxxx	xx		
					ooooo	oo	ooooo		
19			x	x		xxxx	xxxxx		x
					oo	ooooo	ooo	oo	
20			xx	x	xxxxx	xx	xx		
			oo	oooo	oo	o	o	oo	
21		x	x	xx	xxx	xxxx	x		
					ooo	oooooo	oo	o	
22					xxxxx	x	xxx	x	xx
				oo	oooo	ooo	o	oo	
23			xx		xxx	xxxxx	x	x	
			oo	o	oooooo	ooo			
24			xx	xxx	xxxx		xx	x	
		o	o	oo	oooo	ooo			o
25			x	x	xxx	xxxx	x	xx	
			o	oooo	oooo	oo		o	

*x - Patient's response; o - Personnel's response.

TABLE VI (continued)

Item Number	Pile Number								
	1	2	3	4	5	6	7	8	9
26				XXXX	XXXX	XXX	X		
				O	OOOOO	OOOO	OO		
27		XX	XXXX	XXXXX			X		
			OOOO	O	OOOOO	OO			
28		X	XX	XXXXX	XXX	X			
		O	OOOO	OOO	OO	OO			
29			XXX	XXXX	X	X	XXX		
			OOO	OOOOO	OO	OO			
30			XXX	XXXX	XXXXX				
				OOO	OOOO	OOOO		O	
31		XX	X	XXXXXX		XX	X		
		OOOO	OOOO	OO	OO				
32			XXX	XXX	XX	XXX	X		
		OOO		OO	OOOO	OOO			
33		X	XXXX	XXXX	X	XX			
			OOOOOOO	OO	OO	O			
34				XXXXX	XXX	X	XXX		
			O	OOOO	O	OOOO	O		O
35		X		XX	XXX	XX	XX	XX	
					OOOO	OOOOOOO	O		
36			X	XXX	XXXXXXX	X			
					OOOOOOO	OOOO	O		
37			XX	XXXXXX	XXX	X			
		O	OO	OOOO	OOO	OO			
38	X		X	XXXX	XXXX	XX			
			O	OOOO	OOO	OOOO			
39			XX	XXX	XXX	XXXX			
			OO	OO	OO	OOOO	O	O	
40			XX	XXXXX	XXXXX				
				O	OOO	OOOOOOO	O		
41			X	XXXX	XXX	XXX	X		
			OOO	OO	OO	OOO	OO		
42			XX	XXXX	XX	XXX	X		
				OOO	OOOOOO	OO	O		
43				X	XXXXX	XXXXX	X		
				OOOO	OOO	OOO	OO		
44			X	XX	XXXX	XXXX	X		
				OO	OOOOOOO	OOO			
45			X		XX	XXX	XXXXXX		
			O	O	OOO	OOOOO	O		O
46		X	XXX	XXXX	XX	X	X		
			OO	OOO	OOOO	OOO			
47				XXX	XXX	XXXX	XX		
					OOO	OOOO	OOO	OO	
48		X	X	XXX	XX	XXX	X	X	
				OO	OOO	OOO	OOO	O	
49		XX	XXX	XXXXX	X	X			
			OOOO	OOO	OOOO	O			
50			XX	XX	XXXXX	XX	X		
			O	OO	OO	OOOOOO	O		

Item Number	Pile Number								
	1	2	3	4	5	6	7	8	9
51	x	x	xxx	xxx	xxxx				
	o		ooo	oooooo	oo				
52			x	xxxx	xxxx	xxx			
	o		oooo	ooo	ooo	o			
53		x	xxx		xxxx	xxx	x		
	o	o	oooooo	oo	oo				
54				xxxx	xxxxx	xxx			
				oooooo	oooo	o		o	
55			xxxx	xxx	xxx	xx			
		o	o	oo	ooooooo	o			
56		xx	xxxxx	xxx	xx				
	o	oo	ooooo	oo	oo				
57		xx	xx	xxxx	xxxx				
	o		ooo	ooooo	oo	o			
58				xx	xxxx	xx	xx	xx	
		o		ooooo	oooooo				
59	x		x	x	xxxxx	xx		x	x
	o	oo	oo	oooo	oo	o			
60		x	x	xxx	xxxx	x	x	x	
	o	o	ooooo	ooo	oo				
61	x		xxxx		xxx	x	xx	x	
		o	oo	oo	ooo	oooo			
62		xx		x	x	xxxxxxx	x		
				oo	ooooo	o	ooo	o	
63		x		x	x	xxxxxx	xx	x	
				ooo	ooooo	o	oo	o	
64			xxx	x	xxxx	xxx	x		
			oo	oo	ooooo	oo	o		
65			xx	xxx	xxxx	xx		x	
			oooo	oooooo		o	o		
66				xxx	xxx	xxxx	xx		
		o	oo	ooooo	o	oo		o	
67		x	x	xxx	xxx	xxx		x	
			oo	ooo	ooooo	oo			
68			xx	x	xxx	xxx	xxx		
				ooooo	oo	oooo		o	
69			xx	xxx	xxx	xx	xx		
		o	oo	oo	oooo	o	oo		
70				xx	x	xxxxx	xxx		x
			o	oo	o	oo	oooo	o	o
71			x	xx	xxxx	xxx	xx		
			oo	o	oo	oooo	oo		o
72			xxxxxx	xxxxx	x				
		oooooo	ooooo	o					
73	x		xx	xx	xxxxx	xx			
			ooo	ooooooo	o	o			
74		xx		x	xxxxxxx	x	x		
			oo	oooooo	oo	oo			
75				xx	xxxxx	xxx	x	x	
			oo	ooooo	oo	o	oo		

Item Number	Pile Number								
	1	2	3	4	5	6	7	8	9
76				XXXX	XXXXX	X	XX		
			o	oo	oooo	oooo	o		
77			XX	XX	XX	XXX		XXX	
		o	oo	oooo	ooo	o	o		
78		XX			XXX	XXXXX		XX	
				oo	o	ooooo	oooo		
79	x		XX	XX	XX	XX	XXX		
			ooo	ooo	o	oooo	o		
80				XX	XXXXXX	XX	x	x	
				o	oooo	oooo	o	o	o
81			x	XX	XXXXXX	XX	x		
				ooo	oo	oo	ooo	oo	
82			x	XXX	XXXXX	XX	x		
			o	oooo	ooo	oooo			
83	x		x		XX	XXXXX	XX		x
			o	oooo	oooo		oo	o	
84		x		XXX	XXX	XXXXX			
		oo		ooo	ooo	oo	o	o	
85				x	XXXX	XXXX	XX	x	
				oooooo	oooo	oo			
86				XXX	XXX	XXX	XX		x
		oo		ooo	ooooo	o	o		
87			xx	x	XXXX	XX	XX	x	
			oo	o	ooooo	o	ooo		
88				x	XXX	XXXXXX	XX		
				oo	oooo	ooo	oo	o	
89		x	x	x	XXXXXXX	x	x		
					oooo	ooooooo	o		
90				XXXX	XXXXX	XX	x		
				ooooo	ooooo	oo			
91		x	x	XXX	XXXX	XXX			
				o	ooo	oooo	ooo	o	
92				x	XXXX	XXX	XX	XX	
				ooo	oo	oooo	oo	o	
93			x	XX	XXXX	XX	XXX		
				o	o	ooooo	oooo	o	
94		x		XX	XX	XXX	XXX	x	
				o	oooo	ooooooo			
95				x	XXXXX	XXXX	XX		
		o	o	ooo	oooo	ooo			
96				XX	XXXXX	XXX	x	x	
			o	oo	oooo	o	oooo		
97			x	XX		XXXXXX	XXX		
				oo		ooooo	oooo	o	
98			xx	XXX	XXXXX		XX		
					oo	oooo	oooo	oo	
99				XXXXX	XX	XX	XX	x	
				oo	ooooooo	o	oo		
100				XXX	XX	XXX	XXX	x	
				o	ooooo	oooo	oo		